

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 362618 (1)
1. Corporation Name
THE PARTS HOUSE, INC



Principal Place of Business 8383 BAYCENTER RD. JACKSONVILLE FL 32256	Mailing Address 8383 BAYCENTER RD. JACKSONVILLE FL 32256
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1970	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1291014		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

MILLER, DAVID
8383 BAY CENTER RD.
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	ROSENBERG, SHEL	1.2 NAME	LEHR, PAUL P.
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA	1.3 STREET ADDRESS	20 River Road
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	BOGOTA, NJ 07603
TITLE	P	2.1 TITLE	T.D.
NAME	HONIG, DAVID	2.2 NAME	Gerstel, Jeffrey C.
STREET ADDRESS	7842 LINKSIDE DR.	2.3 STREET ADDRESS	20 RIVER ROAD
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	BOGOTA, NJ 07603
TITLE	VPT	3.1 TITLE	SD
NAME	NAVITSKY, A	3.2 NAME	Romano, Marion
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA	3.3 STREET ADDRESS	20 River Road
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	BOGOTA, NJ 07603
TITLE	VP	4.1 TITLE	
NAME	MILLER, DAVID	4.2 NAME	
STREET ADDRESS	8383 BAY CENTER RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	DAMMEYER, ROD	5.2 NAME	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HALL, WILLIAM K.	6.2 NAME	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Jeffrey C. Gerstel 1-10-98 201-487-7007

CR2E034 (10/97)