


FILED

Apr 28 1998 8:00am
Secretary of State

<div>PROFIT CORPORATION ANNUAL REPORT 1998</div> <div></div>		<div>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</div>		<div>Apr 28 1998 8:00am Secretary of State</div>	
<div>DOCUMENT # 37723 (2) 1. Corporation Name: GENUINE PARTS & SUPPLY INC</div>					
<div>Principal Place of Business: 205 W. STATE RD 84 FT. LAUDERDALE FL 33315 Mailing Address: 205 W. STATE RD 84 FT. LAUDERDALE FL 33315</div>					
<div>DO NOT WRITE IN THIS SPACE</div>					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc		03/04/1071	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1319933	
24 Country		29 Country		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				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			10. Name and Address of New Registered Agent		
KILLION, HERSCHEL 140 SW 96TH TERR PLANTATION FL 33324			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 _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
000002504450 -04/29/98--01012--006 ***150.00					
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 attached sheet with an address.					
SIGNATURE: _____					

CR2E034 (10/97)