

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90247 034 ***150.00

DOCUMENT # 399461

1. Corporation Name
USAIRPARTS, INC.

Principal Place of Business

Mailing Address

3090 JOHN ANDERSON DR
ORMOND BEACH FL 32176
US

P.O. BOX 1572
ORMOND BEACH FL 32175
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1972

4. FEI Number

59-1654130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1186 Ocean Shore Blvd.

26 1186 Ocean Shore Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 107

27 107

City & State

City & State

23 Ormond Beach, FL

28 Ormond Beach, FL

Zip Country

Zip Country

24 32176

25 Volusia

29 32176

30 Volusia

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHILDS, MICHAEL J.
3090 JOHN ANDERSON DR
ORMOND BEACH FL 32176

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1186 Ocean Shore Blvd.

#107

84 City Ormond Beach

FL

85 Zip Code 32176

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 to 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)

4-19-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CHILDS, MICHAEL J.
STREET ADDRESS 6600 SW 62 AVE.
CITY-ST-ZIP MIAMI FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1186 Ocean Shore Blvd #107
1.4 CITY-ST-ZIP Ormond Beach, FL 32176

☒ Change ☐ Addition

TITLE S
NAME CHILDS, DEBRA L
STREET ADDRESS 67600 SW 62ND AVE
CITY-ST-ZIP MIAMI FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1186 Ocean Shore Blvd. #107
2.4 CITY-ST-ZIP Ormond Beach, FL 32176

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Date

(800) 288-6247

Daytime Phone #

CR2E034 (11/98)