

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **433448** (8)

1. Corporation Name
SOUTH DAYTONA AUTO SUPPLY, INC.



Principal Place of Business: 1634 S. RIDGEWOOD AVE. S. DAYTONA FL 32119
Mailing Address: 1634 S. RIDGEWOOD AVE. S. DAYTONA FL 32119

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: 08/23/1973
3a. Date of Last Report: 04/21/1995
4. FEI Number: 59-1487269
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CURTIS, L.D.
345 MADISON AVE.
P.O. BOX 8192
DAYTONA FL 32022**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when notifying change)

12. OFFICERS AND DIRECTORS (DELETE)
1. TITLE: STD
NAME: STONE, ROBERT
STREET ADDRESS: 205 MAIN STREET
CITY-ST-ZIP: DAYTONA FL
2. TITLE: PD
NAME: KAREL, GLEN
STREET ADDRESS: 1244 SPARTON AVE
CITY-ST-ZIP: PT ORANGE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (CHANGE/ADDITION)
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert L. Stone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-96 904/255/0538
Date: _____

CR2E034 (12/95)