

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

Mailing Address

1634 S. RIDGEWOOD AVE.
S. DAYTONA FL 32119

1634 S. RIDGEWOOD AVE.
S. DAYTONA FL 32119

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

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29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CURTIS, L.D.
345 MADISON AVE.
P.O. BOX 8192
DAYTONA FL 32022

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 then apply block 12.

(NOTE: Registered Agent signature required when filing this statement.)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

STD
STONE, ROBERT
205 MAIN STREET
DAYTONA FL

DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD
KAREL, GLEN
1244 SPARTON AVE
PT ORANGE, FL 00000

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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

5-22-96 904/251/0538
DATE REGISTERED PHONE

CR2E034 (12/95)