FILE	NOW: FI	LING FEE A	FTER MAY 1 I	S \$225	5.6	00					
PROFIT			FLORIDA DEPARTMENT OF STATE								
CORPORATION ANNUAL REPORT			Sandra B. Mortnam Secretary of State								
1996			DIVISION OF CORPO			NS					
	MENT#	484609	(3)								
1. Corporation	n Name	10 1000	(-)								
ROTO	RPARTS, INC.		in the second of the second		**, ·	•					
Principal Place	of Business		Mailing Address				T 18 8515 BESON NOW OF STA	<b>3</b> 1110 <b>34</b> 11	10 1611 M1911 M	(B)( B1011 B101	
2774 CARRIER AVE. SANFORD AIRPORT SANFORD FL 32773			2774 CARRIER AVE. SANFORD AIRPORT SANFORD FL 32773					15.4	Too Day	e of Last R	oood.
SANFORD	-L 32113		Only Only to serve				3. Date incorporated or Qu 09/17/1975	alified		02/06/19	95
2. Principal Pl	ace of Business		2a, Mailing Address				4. FEI Number 59-1639205				Applied For Not Applicable
Suite, Apt	# etc:		Suite, Apt. #, etc.				Certificate of Status Des	ired			Additional
22			27						<u> </u>		Required
City & State	e		City & State				6. Election Campaign Finar Trust Fund Contribution	King			May Be d to Fees
Zip	25	ountry	Zip <b>29</b>	Zip Cou			Florida Statutes				199.032,
24		Address of Current F			_:1		10. Name and Address of	New F	Registered	Agent	
					61	Name					
	k, fred p. Iber cove				82	Street Ad	dress (P.O. Box Number is Not A	cceptat	<u></u>		
	ID FL 32724			Ī	83						
<b>J</b>					84	City			FL	85 Z	ip Code
44 Duramont	to the province of	Sections 607 0502 at	nd 607 1508. Florida Statu	tes, the abo	ve-n	arned corp	oration submits this statement fo	the pu	rooso of c	nanging its	registered office
			Such change was authoria 607.0505, Florida Statute		orpe	pration's bo	and of disorder of the party of		cointment a $2/\frac{9}{00}$	_	o agent. i am
SIGNATURE	Signature, typed or printe	d name of rege freed a gent are	Hatte d'es provence de		A,p-e	t signature requ	inad when reliestating ADDITIONS/CHANGES				ORS IN 12
12.	7 2	OFFICERS AND I	DIRECTORS DELETE	13.			ADDITIONS/CHANGES	10 OF	FICERS AN	Change	
THTLE NAME	HUE, DINH	VAN		1.2 NA							
STREET ADDRESS	AND EDEN!			13 ST	REET	ADDRESS					
CITY - S1 - ZIP	LAKE MAR	Y FL	ED BUETE			IT-ZIP				Change	☐ Addition
TITLE	VD CLARK, FR	ED B	☐ DETELE	2 1 T 2 2 N/							
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CITY-ST-ZIP	DELAND F					ST - ZIP				☐ Change	Addition
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NAME				1		2 RESPOCA 1					
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NAME				4.2 N	AME						
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NAME				€21	AME	1					

64 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 certify 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: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

1/28/96 (407)322-0186

CR2E034 (12/95)