


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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 519061 (6)
 1. Corporation Name
JOHN'S AUTO PARTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 601 WEST MAIN XXXX IMMOKALEE FL 33904		Mailing Address 1811 LAKE TRAFFORD RD IMMOKALEE FL 33904	
2. Principal Place of Business 21 1811 LAKE TRAFFORD RD Suite, Apt. #, etc.	2a. Mailing Address 26 1811 LAKE TRAFFORD RD Suite, Apt. #, etc.	3. Date Incorporated or Qualified 11/23/1976	4. FEI Number 59-1709272
22 City & State IMMOKALEE, FL.	27 City & State IMMOKALEE, FL.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23 Zip 34142	28 Country	29 Zip 34142	30 Country COLLIER

Applied For	Not Applicable
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

FISH, ALLEN
~~601 WEST MAIN~~
IMMOKALEE FL 33904

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1811 Lake Trafford Rd.
83	
84 City	FL
85 Zip Code	34142

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FISH, BARBARA	
STREET ADDRESS	321 W MAIN ST	
CITY-ST-ZIP	IMMOKALEE, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCOMBORDI, JOHN J	
STREET ADDRESS	6050 1ST STR SW	
CITY-ST-ZIP	VERO BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FISH, ALLEN	
STREET ADDRESS	601 W MAIN	
CITY-ST-ZIP	IMMOKALEE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1811 Lake Trafford Rd
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Allen Fish* X 4-28-98 X 944-657-4889

CR2E034 (10/97)