

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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 4:52

DOCUMENT # **566146** (7)

1. Corporation Name
ACTION PARTS INC.

Principal Place of Business Mailing Address
8785 S.W. 133 ST. MIAMI FL 33176 **8785 S.W. 133 ST. MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/10/1978** 3a. Date of Last Report **03/18/1994**
4. FEI Number **59-1798561** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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 **33176-5928** 25 **USA** 29 **33176-5928** 30 **USA**

9. Name and Address of Current Registered Agent
GRADY, HENRY
8785 SW 133 ST.
MIAMI FL 33176

10. Name and Address of New Registered Agent
81 Name **RACHELLE R. GRADY**
82 Street Address (P.O. Box Number is Not Acceptable) **8785 SW 133 STREET**
83
84 City **MIAMI** FL 85 Zip Code **33176-5128**

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 *Rachelle R. Grady S/T/A* DATE **3/27/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRADY, HENRY A., III
STREET ADDRESS	8785 S.W. 133 ST
CITY - ST - ZIP	MIAMI FL
TITLE	STD
NAME	GRADY, RACHELLE R
STREET ADDRESS	8785 S.W. 133RD ST
CITY - ST - ZIP	MIAMI FL
TITLE	PRES./DIR
NAME	PETER H. ROGERS
STREET ADDRESS	8785 SW 133 ST.
CITY - ST - ZIP	MIAMI, FL.
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIRMAN OF THE BOARD / DIR. <input checked="" 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	PRES / DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PETER H. ROGERS
3.3 STREET ADDRESS	8785 SW 133 ST.
3.4 CITY - ST - ZIP	MIAMI, FL. 33176
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 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)(b), 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: *Rachelle R. Grady* DATE: **MAR 27, 1995** (305) 235-1001