

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 # 679327 (7)

1. Corporation Name

ALL FOREIGN PARTS DISCOUNTERS, INC.



Principal Place of Business

Mailing Address

**1125 OLD DIXIE HIGHWAY
LAKE PARK FL 33403**

**1125 OLD DIXIE HIGHWAY
LAKE PARK FL 33403**

2. Principal Place of Business

2a. Mailing Address

21 **1418 Tenth Street**

26 **1418 Tenth Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Lake Park, FL**

28 **Lake Park, FL**

Zip

Country

Zip

Country

24 **33403**

25 **U.S.A.**

29 **33403**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/22/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2009330

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

10. Name and Address of New Registered Agent

**BAXTER, KEITH A.
1125 OLD DIXIE HIGHWAY
LAKE PARK FL 33403**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1418 Tenth Street

83

84

City **Lake Park**

FL

85 Zip Code

33403

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

Keith Baxter

Keith Baxter

4-30-96

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSC	<input type="checkbox"/> DELETE
NAME	BAXTER, KEITH	
STREET ADDRESS	1125 OLD DIXIE HWY. T-5	
CITY-ST-ZIP	LAKE PARK FL	
TITLE	VF	<input type="checkbox"/> DELETE
NAME	STURGILL, THERESA	
STREET ADDRESS	815 DOBBINS STREET	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VRD	<input type="checkbox"/> DELETE
NAME	BAXTER, CRAIG	
STREET ADDRESS	1951 RED BANK ROAD	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BAXTER, MARGARET	
STREET ADDRESS	11890 68TH ST. NORTH	
CITY-ST-ZIP	W PALM BCH FL	
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	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Baxter, Keith	
1.3 STREET ADDRESS	1418 Tenth Street	
1.4 CITY-ST-ZIP	Lake Park, FL 33403	
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	15058 79th Ct. N.	
3.4 CITY-ST-ZIP	Luxahatchee, FL 33470	
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)(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:

Keith Baxter

Keith Baxter

4-30-96

407 433 4182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)