


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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 822923 (9)

1. Corporation Name
AUTOPARTS FINANCE COMPANY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 15710 J.F.K. BLVD. STE. 700 HOUSTON TX 77032-2347 US	Mailing Address 15710 J.F.K. BLVD. STE. 700 HOUSTON TX 77032-2347 US
--	--

3. Date Incorporated or Qualified 06/11/1969	4. FEI Number 51-0001902	Applied For <input type="checkbox"/> Not Applicable
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	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, MARK S	
STREET ADDRESS	15710 J.F.K. BLVD., STE. 700	
CITY-ST-ZIP	HOUSTON TX	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ARONSON, ROBERT J	
STREET ADDRESS	15710 J.F.K. BLVD., STE. 700	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	LAUER, E EUGENE	
STREET ADDRESS	15710 J.F.K. BLVD., STE. 700	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PRESTON, MICHAEL L	
STREET ADDRESS	15710 J.F.K. BLVD., STE. 700	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HENDRIX, JOHN L	
STREET ADDRESS	15710 JFK BLVD STE 700	
CITY-ST-ZIP	HOUSTON TX	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, WILLIAM H	
STREET ADDRESS	15710 J.F.K. BLVD., STE. 700	
CITY-ST-ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BETTINA M. WHYTE	
1.3 STREET ADDRESS	15710 J.F.K. BLVD, SUITE 700	
1.4 CITY-ST-ZIP	HOUSTON, TX 77032	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MICHAEL C. KEARNEY	
2.3 STREET ADDRESS	15710 J.F.K. BLVD., SUITE 700	
2.4 CITY-ST-ZIP	HOUSTON, TX 77032	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
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: *M. Keary* MICHAEL C. KEARNEY 4/9/98 713-500-1100

CR2E034 (10/97)