


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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F77123 (0) 1. Corporation Name BERLIN'S AUTO PARTS, INC.					
Principal Place of Business % ROBERT OWEN BERLIN 7410 S BEDFORD ROAD FLORAL CITY FL 34436 US			Mailing Address % ROBERT OWEN BERLIN 7410 S BEDFORD ROAD FLORAL CITY FL 34436 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/21/1982	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2208094	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		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 BERLIN, JOHN R 9792 E BAYMEADOWS DR INVERNESS FL 34450				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME BERLIN, JOHN R					
1.3 STREET ADDRESS 9792 E BAYMEADOWS DR					
1.4 CITY-ST-ZIP INVERNESS FL					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME BERLIN, JOHN R.					
2.3 STREET ADDRESS 9792 E BAY MEADOWS DR					
2.4 CITY-ST-ZIP INVERNESS FL					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME BERLIN, TAMARA H.					
3.3 STREET ADDRESS 9792 E BAY MEADOWS DR					
3.4 CITY-ST-ZIP INVERNESS FL					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME ALBURTUS, BRADLEY					
4.3 STREET ADDRESS 1612 CALPWELL ST.					
4.4 CITY-ST-ZIP INVERNESS FL					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE: *John R Berlin* **JOHN R BERLIN** 1-8-98 (352) 226-5847

CR2E034 (10/97)