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

Block 12 or Block 13 if changed, or on an attachment with an address.

Jan 20 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (O) BERLIN'S AUTO PARTS, INC. Principal Place of Business Mailing Address % ROBERT OWEN BERLIN % ROBERT OWEN BERLIN 7410 S BEDFORD ROAD FLORAL CITY FL 34436 7410 S BEDFORD ROAD DO NOT WRITE IN THIS SPACE FLORAL CITY FL 34436 3. Date Incorporated or Qualified 04/21/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2208094 Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 26 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Berlin. John R 9792 E BAYMEADOWS DR 82 Street Address (P.O. Box Number is Not Acceptable) **INVERNESS FL 34450** 83 84 City 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) Signature, typed or printed name of registered agont and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE SECRETARY TITLE Change Addition . 1 1 TITLE BEPLIN SHOWN R. 435 LANDINGS BIUD Berlin, John R NAME 1.2 NAME 9792 E BAYMEADOWS DR STREET ADDRESS 1.3 STREET ADDRESS INVERNESS FL F1. 34450 CITY-ST-ZIP 1.4 CITY-ST-ZIP INVERNESS DELETE Addition TITLE ΡD 2.1 TITLE Change BERLIN, JOHN R. NAME 2.2 NAME 9792 E BAY MEADOWS DR STREET ADDRESS 2.3 STREET ADDRESS INVERNESS FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE BERLIN, TAMARA H. NAME 3.2 NAME 9792 E BAY MEADOWS DR STREET ADDRESS 3.3 STREET ADDRESS INVERNESS FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE ALBURTUS, BRADLEY NAME 4. 2 NAME 1612 CALPWELL ST. STREET ADDRESS 4.3 STREET ADDRESS **INVERNESS FL** CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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

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1-8-98