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Jan 25, 1999 8:00am
Secretary of State

01-25-1999 90025 035 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F77123

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1982

4. FEI Number

59-2208094

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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.

US SIGNATURE John Berlin, JOHN BERLIN PRES.

DATE 1-5-99

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE

NAME BERLIN, JOHN R
STREET ADDRESS 9792 E BAYMEADOWS DR
CITY-ST-ZIP INVERNESS FL

TITLE PD ☐ DELETE

NAME BERLIN, JOHN R.
STREET ADDRESS 9792 E BAY MEADOWS DR
CITY-ST-ZIP INVERNESS FL

TITLE TD ☐ DELETE

NAME BERLIN, TAMARA H.
STREET ADDRESS 9792 E BAY MEADOWS DR
CITY-ST-ZIP INVERNESS FL

TITLE VP ☐ DELETE

NAME ALBURTUS, BRADLEY
STREET ADDRESS 1612 CALPWELL ST.
CITY-ST-ZIP INVERNESS FL

TITLE S ☐ DELETE

NAME BERLIN, SHAWN R
STREET ADDRESS 435 LANDINGS BLVD.
CITY-ST-ZIP INVERNESS FL 34450

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE: John Berlin, JOHN BERLIN

1-5-99

(352) 726-5847

Date

Daytime Phone #

CR2E034 (1/98)