

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000004445 (3)**

1. Corporation Name
PARTS PURCHASING CORPORATION



Principal Place of Business: **22212 COLLINGTON DRIVE BOCA RATON FL 33428**
Mailing Address: **22212 COLLINGTON DRIVE BOCA RATON FL 33428**

3. Date Incorporated or Qualified: **09/27/1993**
3a. Date of Last Report: **05/10/1995**
4. FEI Number: **22-2105385**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POLA, RUDOLPH D
22212 COLLINGTON DRIVE
BOCA RATON FL 33428**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: OPT	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: POLA, RUDOLPH D		1.2 NAME
STREET ADDRESS: 22212 COLLINGTON DRIVE		1.3 STREET ADDRESS
CITY-ST-ZIP: BOCA RATON FL 33428		1.4 CITY-ST-ZIP
TITLE: VCS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: POLA, NANCY		2.2 NAME
STREET ADDRESS: 22212 COLLINGTON DRIVE		2.3 STREET ADDRESS
CITY-ST-ZIP: BOCA RATON FL 33428		2.4 CITY-ST-ZIP
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME
STREET ADDRESS:		3.3 STREET ADDRESS
CITY-ST-ZIP:		3.4 CITY-ST-ZIP
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME
STREET ADDRESS:		4.3 STREET ADDRESS
CITY-ST-ZIP:		4.4 CITY-ST-ZIP
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME
STREET ADDRESS:		5.3 STREET ADDRESS
CITY-ST-ZIP:		5.4 CITY-ST-ZIP
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME
STREET ADDRESS:		6.3 STREET ADDRESS
CITY-ST-ZIP:		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 if at my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-852-3693

CR2E034 (12/95)