

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000001919 (8)

1. Corporation Name

CUSTOM AIR PARTS, INC.

Principal Place of Business

Mailing Address

13091 NW 43RD AVE., STE. 9  
OPA-LOCKA FL 33054

13091 NW 43RD AVE., STE. 9  
OPA-LOCKA FL 33054



3. Date Incorporated or Qualified

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 ~~4101~~ 4101 RAVENSWOOD RD. 26 4101 RAVENSWOOD RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 214

27 # 214

City & State

City & State

23 FT. LAUDERDALE FL

28 FT. LAUDERDALE FL

Zip

Country

Zip

Country

24 33312

25 USA

29 33312

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOLHOFF, TRACIE  
13091 NW 43 AVE #9  
OPA LOCKA FL 33054

81 Name

MICHAEL TARRANT ESQ

82 Street Address (P.O. Box Number is Not Acceptable)

4101 RAVENSWOOD RD.

83

# 214

84 City

FT. LAUDERDALE

FL

85 Zip Code

33312

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

*Michael Tarrant*

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

(NOTE: Registered Agent signature required when reinstating)

7/2/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP  
NAME WELLMAN, RICHARD R  
STREET ADDRESS 7540 LOCHNESS DR.  
CITY - ST - ZIP MIAMI LAKES FL 33014

TITLE DST  
NAME WELLMAN, LYNDA  
STREET ADDRESS 7540 LOCHNESS DR.  
CITY - ST - ZIP MIAMI LAKES FL 33014

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

900001891729  
-07/12/96--01012--050  
\*\*\*225.00

7-11-96  
JL

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Lynda Wellman*

LYNDA WELLMAN

6-13-96

954-792-8668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2E034 (3/96)