

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001231 (6)

1. Corporation Name

INTERCO PARTS CORPORATION



Principal Place of Business 6501 NW 12TH AVE. FT. LAUDERDALE FL 33309	Mailing Address 6501 NW 12TH AVE. FT. LAUDERDALE FL 33309
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1997

2. Principal Place of Business 21 150 Wireless Blvd Suite, Apt. #, etc. 22 City & State Hauppauge NY Zip 11788 Country U.S.A 24	2a. Mailing Address 26 150 Wireless Blvd Suite, Apt. #, etc. 27 City & State Hauppauge NY Zip 11788 Country U.S.A 29
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4. FEI Number

11-3361548

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH ST., STE. 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name United Corporate Services, Inc
82 Street Address (P.O. Box Number is Not Acceptable) 801 Northeast 167th Street
83 Suite 300
84 City North Miami Beach FL 85 Zip Code 33162

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 term if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	C HANDREKE, PATRICK
STREET ADDRESS	2 CARLTON ST., TORONTO
CITY-ST-ZIP	ONTARIO M5B 1J3
TITLE	<input type="checkbox"/> DELETE
NAME	D HANDREKE, HANS-JOACHIM
STREET ADDRESS	20402 HAMBURG
CITY-ST-ZIP	GERMANY
TITLE	<input type="checkbox"/> DELETE
NAME	DP PACE, MICHAEL
STREET ADDRESS	150 WIRELESS BLVD.
CITY-ST-ZIP	HAUPPAUGE NY 11788
TITLE	<input type="checkbox"/> DELETE
NAME	DS BURNS, RICHARD E
STREET ADDRESS	220 E. 42ND ST., STE. 3000
CITY-ST-ZIP	NEW YORK NY 10017
TITLE	<input type="checkbox"/> DELETE
NAME	T ROTHENBERG, HOWARD
STREET ADDRESS	150 WIRELESS BLVD.
CITY-ST-ZIP	HAUPPAUGE NY 11788
TITLE	<input type="checkbox"/> DELETE
NAME	CFO Heinen, Edwin
STREET ADDRESS	150 Wireless Blvd
CITY-ST-ZIP	Hauppauge, NY 11788

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	150 Wireless Blvd
1.4 CITY-ST-ZIP	Hauppauge NY 11788
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CFO Heinen, Edwin
6.3 STREET ADDRESS	150 Wireless Blvd
6.4 CITY-ST-ZIP	Hauppauge, NY 11788

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.

SIGNATURE:

4/16/98 JG 438 1441 219

CR2E034 (10/97)