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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # G05863

(7)

PARTS DATA SYSTEMS, INC.

Principal Place	of Business	Mailing Address				IIII BABUI BABUI BI	DEL BURGE BURGE BURGE UPBL	
5908 N ARMENIA AVENUE SUITE 101 TAMPA FL 33603		SUITE 101	TAMPA FL 33603					
					3. Date Incorporated or Qualified 10/26/1982 3a. Date of Last Report 09/25/1995			
2. Principal Place of Business		F-1 -	2a. Mailing Address		4. FEI Number Applied For 59-225917 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	···		\$8.75 Additional			
22		27			5. Certificate of Status Desired		Fee Required	
City & State	?	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for i	ntangible tax u		
24	25	29	30		Florida Statutes Yes			
	9. Name and Address of Curi	rent Hegisterea Agent	81	Name	10. Name and Address of New R	egistered Ag	ent	
MADDELL	L JAPOV D		0,	Marie				
	j, larry p Vrmenia avenue		82		Street Address (P.O. Box Number is Not Acceptable)			
SUITE 10			83					
TAMPA F								
			84	City		FL	85 Zip Code	
or registeri	to the provisions of Sections 607.05 ed agent, or both, in the State of Fl the and accept the obligations of, Se	onda. Such change was author	ized by the corp	namied corpor oration's boai	ation submits this statement for the pur rd of directors. Thereby accept the appo	pose of chang intraent as re	ing its registered office gistered agent. I am	
SIGNATURE	, , , , , , , , , , , , , , , , , , ,							
	Signal in typical or print are one of responsible		al III - Ringstorda A jui	Soful na texpores		DANE		
TITLE	PTSD OFFICERS A	AND DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFI			
NAME	NARDELLI, LARRY P		1 1 11116			LJ	Change	
STREET ADDRESS	12407 PEPPERFIELD DR		1.2 NAME 1.3 STREET	Anviores				
CITY-ST-ZIP	TAMPA FL 33624		1.4 City - S					
DILE	17 240 74 1 2 00024	DELFTE	2 1 THILE	1-211			Change Addition	
NAME			2.2 NAME				, 1	
STREET ADDRESS			2.3 SPREET	ADDRESS				
CITY - ST - ZIP			240111-9	F - ZIP				
TITLE		□ DELFIE	3 1 Title				Change 🔲 Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STHEE					
CHTY - ST - ZIP TITLE		DELETE	3 4 CHTY - S	I - ZIP			Change	
NAME		☐ prifit	4 1 TITLE 4 2 NAME				Change	
STREET ADDRESS			4.2 NAME 4.3 STHEET	ADDRESS				
CITY - ST ZIP			4.4.011.4.5					
TITLE		☐ DEFEIE	5 1 Till (Change Addition	
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREET	ADDRESS				
CITY-SF-ZIP		F13.00.00	5.4 CITY - S	T- ZIP				
TITLE		Defete	6 'TITLE				Change [Add-tion	
NAME CIDELY ADDRESS			6 2 NAME	Afficial too				
STREET ADDRESS CITY-ST-ZIP			6.3 STHEET					
14. I do hereb	Ly certify that the information supplie	ed with this filing is voluntarily fur	64 CiTy -5 mished and doe	s not qualify fo	or the exemption stated in Section 119.	07(3)(k), Florid	a Statutes. I further	
certify that oath; that I	the information inclicated on this as Lam an officer or director of the cur Block 12 or Block 13 if changed, o	nnual report or supplemental an quaration or the receiver or trust or on an attachment with an ad-	inual report is tra tee empowered dress.	ie and accura to execute this	te and that my signature shall have the s report as required by Chapter 607, Flo	same legat effi prida Statutes;	ect as if made under and that my name	
SIGNAT	URE: SIGNATURE AND TYPE	OR PRINTED NAME OF SIGNING OFFI	CER OR DIRECTOR	Presi	dent 6-10-9	6 (813)	877-9478	
	-							