

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
--	---	--

DOCUMENT # **G05863** (7)
1. Corporation Name
PARTS DATA SYSTEMS, INC.



Principal Place of Business
**5908 N ARMENIA AVENUE
SUITE 101
TAMPA FL 33603**

Mailing Address
**5908 N ARMENIA AVENUE
SUITE 101
TAMPA FL 33603**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 601 N. 19th Street Suite, Apt. #, etc. 22 Suite - C City & State 23 Tampa, Florida Zip Country 24 33605 25 Hills		2a. Mailing Address 26 P.O. Box 15698 Suite, Apt. #, etc. 27 City & State 28 Tampa, Florida Zip Country 29 33684-5698 30 Hills.		3. Date Incorporated or Qualified 10/26/1982	
		4. FEI Number 59-2225917		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent NARDELLI, LARRY P 5908 N ARMENIA AVENUE SUITE 101 TAMPA FL 33603				10. Name and Address of New Registered Agent 81 Name Robert Nardelli 82 Street Address (P.O. Box Number is Not Acceptable) 601 N. 19th Street - Suite C 83 84 City Tampa 85 Zip Code FL 33605			
--	--	--	--	---	--	--	--

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 **Robert Nardelli - President** *Robert Nardelli* 4/13/98
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	PTSD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NARDELLI, LARRY P			1.2 NAME	Robert Nardelli		
STREET ADDRESS	12407 PEPPERFIELD DR			1.3 STREET ADDRESS	601 N. 19th Street- Suite C		
CITY-ST-ZIP	TAMPA FL 33624			1.4 CITY-ST-ZIP	Tampa, FL 33605		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				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 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.

Robert Nardelli

CR2E034 (10/97)