

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 # **G56532** (6)

1. Corporation Name

SORRENTO AUTO PARTS, INC.



Principal Place of Business

**C/O WILLIAM G. LABUD, JR.
P.O. BOX 103
SORRENTO FL 32776**

Mailing Address

**C/O WILLIAM G. LABUD, JR.
P.O. BOX 103
SORRENTO FL 32776**

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/01/1983

3a. Date of Last Report

04/18/1995

4. FEE Number

59-2326559

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

9. Name and Address of Current Registered Agent

**LABUD, LILLIAN M
38049 ROLLING ACRES ROAD
LADY LAKE 32158**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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. Thereby 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 (if not applicable)

Signature of Registered Agent (if not applicable)

Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	LABUD SR, WILLIAM G	
STREET ADDRESS	38049 ROLLING ACRES ROAD	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	VP	☐ DELETE
NAME	DUNAGAN, EDWARD	
STREET ADDRESS	13551 CRONESE	
CITY-ST-ZIP	APPLE VALLEY CA	
TITLE	S	☐ DELETE
NAME	LABUD, LILLIAN M	
STREET ADDRESS	38049 ROLLING ACRES ROAD	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	T	☐ DELETE
NAME	DUNAGAN, CHERYL	
STREET ADDRESS	13551 CRONESE	
CITY-ST-ZIP	APPLE VALLEY CA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 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 registered 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

sa Pres. William G Labud Sr. Mr. 24, 1996 383-4566

CR2E034 (12/95)