

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90028 041 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G65470

1. Corporation Name
SAM'S USED AUTO PARTS, INC.

Principal Place of Business 8511 N.W. 96TH STREET MEDLEY FL 33166	Mailing Address 8511 N.W. 96TH STREET MEDLEY FL 33166
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1983

4. FEI Number

59-2347507

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASRI, SAM, JR.
11325 SW 97TH AVE
MIAMI FL 33156**

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 607.1508, 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

Laurisse Masri - LAURISSE MASRI - SEC/TREA.

DATE

1-4-99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MASRI, SAM, SR.	
STREET ADDRESS	11325 SW 97TH AVE	
CITY-ST-ZIP	MIAMI, FL 00000	

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAM MASRI JR	
1.3 STREET ADDRESS	16631 S.W. 149 PLACE	
1.4 CITY-ST-ZIP	MIAMI - FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MASRI, OMAR	
STREET ADDRESS	10106 SW 114TH PLACE	
CITY-ST-ZIP	MIAMI FL	

2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OMAR, MASRI	
2.3 STREET ADDRESS	10106 S.W. 114 PLACE	
2.4 CITY-ST-ZIP	MIAMI - FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MASRI, LAURISSE	
STREET ADDRESS	11325 SW 97TH AVE	
CITY-ST-ZIP	MIAMI FL	

3.1 TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LAURISSE MASRI	
3.3 STREET ADDRESS	11325 S.W. 97 AVE	
3.4 CITY-ST-ZIP	MIAMI - FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	MASRI, SAM, JR.	
STREET ADDRESS	16631 SW 149 PLACE	
CITY-ST-ZIP	MIAMI FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *Laurisse Masri - L. MASRI*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99

Date

305-888-1464

Daytime Phone #

CR2E034 (11/98)

0240762