

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

FILED
Mar 31 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 # H19872 (1)
 1. Corporation Name
PAUL'S PARTS SOUTH, INC.



Principal Place of Business 125 SW AVE 'D' BELL GLADE FL 33430 US	Mailing Address 212 NORTH BARFIELD HIGHWAY PAHOKEE FL 33476
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 125 S.E. AVENUE D Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 BELLE GLADE, FL	27 City & State
24 Zip 33430	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified 09/06/1984	4. FEI Number 59-2441560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SASSER, FAITH 212 N. BARFIELD HWY. PAHOKEE FL 33476	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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10. Name and Address of New Registered Agent
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/D
NAME	SASSER, FAITH	1.2 NAME	
STREET ADDRESS	212 NORTH BARFIELD HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	V/D
NAME	SASSER, J P	2.2 NAME	
STREET ADDRESS	212 N. BARFIELD HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S/T
NAME	LYNDA KIRCHMAN	3.2 NAME	DIXON, KELLEY T.
STREET ADDRESS	1224 STILLWELL RD	3.3 STREET ADDRESS	2593 SW 14TH TERRACE
CITY-ST-ZIP	BELLE GLADE FL	3.4 CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIXON, KELLEY T.	
3.3 STREET ADDRESS	2593 SW 14TH TERRACE	
3.4 CITY-ST-ZIP	PAHOKEE, FL 33476	
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 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.

SIGNATURE: *Faith Sasser* 2/17/98 511924-5131

CR2E034 (10/97)