


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

| PROFIT CORPORATION ANNUAL REPORT 1996 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|-------------------------------------|--|---|
| DOCUMENT # H 48275(2) 1. Corporation Name SWIFT AUTO PARTS USA INC. SWIFT AUTO PARTS USA INC. | | | |
| Principal Place of Business 3900 N. WASHINGTON BLVD SAKASOTA FL 34234 | | Mailing Address | |
| 2. Principal Place of Business 21 AS ABOVE | | 2a. Mailing Address 26 AS ABOVE | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | |
| 23 City & State | | 28 City & State | |
| 24 Zip | | 29 Zip | |
| 25 Country | | 30 Country | |
| 9. Name and Address of Current Registered Agent EASTOE MICHAEL 363 BOWEN OAKS CIRCLE SAKASOTA, FL 34232 | | 3. Date Incorporated or Qualified 3/21/85 | |
| | | 3a. Date of Last Report NOT KNOWN | |
| | | 4. FE Number 59-2496363 | |
| | | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Name and Address of New Registered Agent | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | |
| | | 85 Zip Code | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____ <small>Signature typed or printed below a cursive signature and the first name of the registered agent.</small> | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PRESIDENT | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MICHAEL EASTOE, PHILADELPHIA | 2. NAME | |
| STREET ADDRESS | 363 BOWEN OAKS CIRCLE | 3. STREET ADDRESS | |
| CITY-ST-ZIP | SAKASOTA FL 34232 | 4. CITY-ST-ZIP | |
| TITLE | SECRETARY/TREASURER | 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EASTOE MICHAEL | 6. NAME | |
| STREET ADDRESS | 363 BOWEN OAKS CIRCLE | 7. STREET ADDRESS | |
| CITY-ST-ZIP | SAKASOTA FL 34232 | 8. CITY-ST-ZIP | |
| TITLE | | 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 10. NAME | |
| STREET ADDRESS | | 11. STREET ADDRESS | |
| CITY-ST-ZIP | | 12. CITY-ST-ZIP | |
| TITLE | | 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 14. NAME | |
| STREET ADDRESS | | 15. STREET ADDRESS | |
| CITY-ST-ZIP | | 16. CITY-ST-ZIP | |
| TITLE | | 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 18. NAME | |
| STREET ADDRESS | | 19. STREET ADDRESS | |
| CITY-ST-ZIP | | 20. CITY-ST-ZIP | |
| TITLE | | 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22. NAME | |
| STREET ADDRESS | | 23. STREET ADDRESS | |
| CITY-ST-ZIP | | 24. CITY-ST-ZIP | |
| TITLE | | 25. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 26. NAME | |
| STREET ADDRESS | | 27. STREET ADDRESS | |
| CITY-ST-ZIP | | 28. 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 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, on an attachment with an address. | | | |
| SIGNATURE: M. G. Eastoe | | 4/29/96 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |
| | | Telephone: (941) 366 9485 | |

CR2E034 (12/95)