

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUL -5 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H52000** (7)

1. Corporation Name

CARLUCE AUTOMOTIVE PARTS, INC.

Principal Place of Business

**CARLUCE AUTOMOTIVE PARTS
990 WEST 15TH ST.
RIVIERA BCH FL 33404
US**

Mailing Address

**CARLUCE AUTOMOTIVE PARTS
990 WEST 15TH ST.
RIVIERA BCH FL 33404
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1985

3a. Date of Last Report

06/24/1994

4. FID Number

59-2523231

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

2. Incorporation Jurisdiction

2a. Mailing Address

21

26

State Apt #, etc.

State Apt #, etc.

22

27

City & State

City & State

23

28

Country

Country

24

25

29

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PELLITTERI, VIRGINIA
990 WEST 15TH ST.
RIVIERA BCH FL 33404**

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 from its present location to 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 authorized to accept the obligations of Section 607.0505, Florida Statutes.

Signature

Signature of Registered Agent and the Registrar

Signature of Registered Agent and the Registrar

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**PST
PELLITTERI, VIRGINIA
8 SUNNINGDALE CIR.
WEST PALM BEACH FL**

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. NAME

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. NAME

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. STREET ADDRESS

15. CITY, ST, ZIP

16. NAME

17. STREET ADDRESS

18. CITY, ST, ZIP

19. NAME

20. STREET ADDRESS

21. CITY, ST, ZIP

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my representative has the same kept up to date and made available to the public. I am a director or officer 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 on the back of this report and is changed or no longer correct with an address.

SIGNATURE:

Virginia Pellitteri, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/95