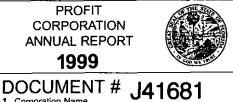
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90085 015 ***150.00

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LAKE AU	JTO PARTS, INC.					. 	1 13 15 1 11 1 1 1 1 1 1 1		
Principal Place	e of Business	Mailing Address				-	1 (8(8)) 0) 0 0 0	(81) AIA11 AI211 A	11811 61611 1681
BOREN PLAZA 1236-1242 PROVIDENCE BLVD. DELTONA FL 32725 BOREN PLAZA 1236-1242 PROVIDENCE BLVD. DELTONA FL 32725 DELTONA FL 32725						DO NOT W	RITE IN THIS	SPACE	
DELIGIAN TE 32/23						3. Date Incorporated or Qualife	ed		
						11/07/1986			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ар	plied For
21	_	26				59-2738646			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Re	
City & State	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the c	urrent year Int		
24		29]30]			Personal Property Tax.	Danistand	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of Nev	v registered	Agent	
KAM	IINSKI, LARRY		į	-					
	6-1242 PROVIDENCE BLVD.		[82	Street Addre	ess (P.O. Box Number is Not Acce	ptable)		}
	REN PLAZA		83						
	TONA FL 32725								
			1	84 City			FL	- 1 1	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the at	oove-	-named corpo	pration submits this statement for t n's board of directors. I hereby ac	ne purpose of cent the appoi	changing its	registered aistered
office or r agent. I a	to the provisions of Sections 607.03 registered agent, or both, in the State im familiar with, and accept the oblig	ations of, Section 607,0505, Fl	authorized orida Statu	ites.	the corporation	* * * * * * *	sobt mo abba		}
office or r agent. I a	<u> </u>				ne corporation				
office or r agent. I a SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered		signature required	when reinstating)	DATE		
office or r agent. I a SIGNATURE	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NOT ND DIRECTORS	E: Registered	Agent	ne corporation		DATE		
office or r agent. I a " SIGNATURE 12.	Signature, typed or printed name of registered ag OFFICERS A DP	ent and title if applicable. (NOT	E: Registered .	Agent	ne corporation	when reinstating)	DATE	ND DIRECTO	DRS IN 12
office or r agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A DP KAMINSKI, LARRY	ent and title if applicable. (NOT ND DIRECTORS	E: Registered	Agent LE ME	signature required	when reinstating)	DATE	ND DIRECTO	DRS IN 12
office or ragent. I a gent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS A DP KAMINSKI, LARRY 1236-1242 PROVIDENCE	ent and title if applicable. (NOT ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI	Agent LE ME REET	signature required	when reinstating)	DATE	ND DIRECTO	DRS IN 12
office or ragent. I a gent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A DP KAMINSKI, LARRY	ent and title if applicable. (NOT ND DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI	Agent LE: ME REET /	signature required	when reinstating)	DATE	ND DIRECTO	DRS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE: