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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sańdra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J56872

PRECISION TELLECONNUMBRICATIONS ANG X

YOUR PARTS STORE, INC.

Mailing Address

860 W FAIRBANKS AVENUE

Principal Place of Business

880 W FAIRBANKS AVENUE

**FILED** May 28 1997 8:00am Secretary of State



US CAN	V LC 46109		U:	mieh pahk Fl 3278 S	717 <del>9-4</del> 715					
	N				· · · · · · · · · · · · · · · · · · ·		3. Date Incorporated or Qualified 02/11/1987	1	ate of Last F /03/1996	Report
	Principal Place of Business 500 Park Avenue South			2a. Mailing Address			4. FEI Number			oplied For
Suite, Apt. #, etc.			26	<del> </del>			59-2769556		No.	ot Applicable
22 Suite	Sulte 202			Suite, Apt. #, etc. Su1 te 202			5. Certificate of Status Desired			Additional equired
City & Sta 23 Winte	<sub>e</sub> r Park, FL			City & State Winter Park, FL			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
Zip		Country	28	Zip		untry	8. This corporation has liability for			
24 327		25 Orange	29	32789	30 Or	ange		Yes [		. 199.032,
	9. Name	and Address of Current	Regis	tered Agent	<del></del>	T	10. Name and Address of New Re			
НО	LLER, ROG	IER W., #I				81 Name	Damela O. D. J.		- <del></del>	
860	W FAIRBA	unks ävenue				82 Street	Pamela O. Price Address (P.O. Box Number is Not Acceptab			
WM	ITER PARK	FL 32789				OZ SHEEL A	201 E. Pine Street,	10}		
,=						83				
							Suite 1200			
	¥					84 City	Orlando	FL	85 Zip	Code <b>)2</b>
11. Pursuant	to the provide	ions of Sections 607,0502	and 6	07.1508, Florida Sta	itules, the a	bove-named	corporation submits this statement for the p poration's board of directors. I hereby accep	urpose o	f changing it	s registered
agent. I a	registeped aj am familiar w	gent, or both, in the State ; ith, and accept the obliga	or 1 tono tions of	na Such change wa . Section 607.0505.	as authorize Florida Sta	ed by the corp dutes.	poration's board of directors. I hereby accep	it the app	ointment as	regištered
SIGNATURE		of printed name of registered agen					required when reinstating)			······································
12.		OFFICERS AND			13.	to Agent & granure	ADDITIONS/CHANGES TO OFFIC	DATE FDC AND	DIRECTOR	C 141 20
TITLE	PD	***************************************		DELETE	1.1 T	ITLE	V/D	LIIO AINL	k Change	Addition
NAME	HOLLER	, ROGER W., III			1.2 N	I	Holler, Roger W. III		G Change	
STREET ADDRESS		AIRBANKS				TREET ADORESS	500 Park Avenue South, Suite	202		
CITY-ST-ZIP		PARK FL				ITY-S1-ZIP	Winter Park, FL 32789			
TITLE	VST			DELETE	2.1 \		P/S/D		k Change	Addition
NAME	HOLLER	, ROGER W., JR.		_	22 N	- 1	Holler, Roger W., Jr.		A_ Change	Roomon
STREET ADDRESS		AIRBANKS				IREET ADDRESS	500 Park Avenue South, Suite	20.2		
CITY-ST-ZIP	WINTER	140-11-11-14				CITY - S1 - ZIP	Winter Park, FL 32789	202		
TITLE	D	,,,,,,,		DELETE	3,1 T		V/T/D		Change	Addition
NAME	HÖLLER	ROGER W., JR.		—	3.2 N		Holler, Juliette E.		A Onlings	L Addition
STREET ADDRESS		AIRBANKS				TREET ADDRESS	500 Park Avenue South, Suite	20.2		
CITY-ST-ZIP		PARK FL				HTY-S1-ZIP	Winter Park, FL 32789	202		
TALE	٧			DELETE	4.1 11		V/D		Change	Addition
NAME	HÖLLER.	CHRISTOPHER A			4. 2 N	. 1	Holler, Christopher A.		- onnigo	
STREET ADDRESS		AIRBANKS				IREF1 ADDRESS	500 Park Avenue South, Suite	202		
CITY-ST-ZIP	WINTER					TY-ST-ZIP	Winter Park, FL 32789	-06		
TITLE				DELETE	5.1 TI				Change	Addition
NAME					5.2 N		$\omega$	$\mathcal{N}^{-\nu}$	<u>Z</u>	
STREET ADDRESS						REFT ADDRESS	1	i U	P 1	
CITY-ST-ZIP						TY-ST-ZIP	`	` 'L' \	,	
TITLE				DELETE	61 To				Change	Addition
NAME					6.2 N		60000220	<u></u>		FROUNDE
STREET ADDRESS						REE1 ADORESS	-06/10/970100	□ ! d ?n1	- <b>!</b> -	
CITY-ST-ZIP						TY-ST-ZIP	***165.00	~n1	Ü	
					<b>20.4 ↓</b> I	11-01-51	かかかましまましい			

14. Ido 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.