

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 # **K12806 (1)**
1. Corporation Name
SIFTER PARTS & SERVICE, INC.



Principal Place of Business: 16011 N. NEBRASKA AVE., SUITE 105, P.O. BOX 663, LUTZ FL 33549
Mailing Address: 16011 N. NEBRASKA AVE., SUITE 105, P.O. BOX 663, LUTZ FL 33549

3. Date Incorporated or Qualified: 01/20/1988
3a. Date of Last Report: 02/21/1995
4. FEI Number: 65-0024062
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. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**WILLIAMS, KAREN LYNN
23763 OAKSIDE BLVD.
LUTZ FL 33549**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 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

Signature: typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE: STD
NAME: WILLIAMS, ROBERT J.
STREET ADDRESS: 23763 OAKSIDE BLVD.
CITY-ST-ZIP: LUTZ FL
TITLE: PD
NAME: WILLIAMS, KAREN LYNN
STREET ADDRESS: 23763 OAKSIDE BLVD.
CITY-ST-ZIP: LUTZ FL
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
2.1 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
3.1 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
4.1 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
5.1 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
6.1 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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: *Karen Lynn Williams* Karen Lynn Williams 1-16-96 813-949-5173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)