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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K21306

(1)

NATIONAL AUTO PARTS OF U.S.A., INC.

## FILED Apr 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									
7100 KIMBE	ERLY BLVD.	7100 KIMBERLY BLVI	7100 KIMBERLY <del>9</del> LVD.			1			
N. LAUDERDALE FL 33068-2335		N. LAUDERDALE FL 33088-2335				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	4 11 113 GFA	<u> </u>	
						04/19/1988			}
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		IA	plied For
21		26				65-0069319		<del></del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						8.75	Additional
22		27				5. Certificate of Status Desired	<u> </u>	Fee Re	equired
City & Stat	6	City & State				6. Election Campaign Financing		\$5.00	May Be
23	28				Trust Fund Contribution		Added	lo Fees	
Zip	Country	Zip	<del>}</del>	untry		8. This corporation owes or has paid			
24	25	29	30			Personal Property Tax due June 3			No
	g. Name and Address of Curren	t Hegistered Agent		81	Name	10. Name and Address of New Regi	stered Age	nt	
_	OYAJIAN, ALINE			1"	14aiii <del>o</del>				
	100 KIMBERLY BLVD.		82 Street			iress (P.O. Box Number is Not Acceptable	1)		
_	-9-DISCANNE DEVD. #3750			83					
N	I. LAUDERDALE FL 33068			63					}
				84	City	,	<b></b> _ 8	5 Zip	Code
dd Discovers	to the associations of Castiana COZ OCO	2 and CO2 15 CD. Finalds Coat	dan the			poration submits this statement for the pur	<u> </u>		
office or r	egistered agent, or both, in the State	of Florida. Such change was	utes, trie a s authorize	ed by	the corpora	poration submits this statement for the pul tion's board of directors. I hereby accept	the appoint	anging ii ment as	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 agei	ot and the it neptrable (Alt	TF: Benister	ad Acon	t eignatura ragui	red when reinstating)	DATE		
12.	OFFICERS AND	<del> </del>	13.		r algriscore requ	ADDITIONS/CHANGES TO OFFICE		RECTOR	IS IN 12
TITLE	CP	DELETE	1.1 T					Change	Addition
NAME	BOYAJIAN, ZAVEN		1.2 NAW						
STREET ADDRESS			1.35	1.3 STREET ADDRESS					1
CITY-ST-ZIP	BOCA RATON FL			CITY-ST					
TITLE	VP	DELETE		TITLE				Change	Addition
NAME	BOYAJIAN, NOUBAR		2.2 N	NAME	{				ĺ
STREET ADDRESS			235	2 3 STREET ADDRESS					1
CATY-ST-ZIP	BOCA RATON FL	,		2.4 CITY-ST-ZIP					
TITLE	\$	DELETE	3.1 T					Change	Addition
NAME	BOYAJIAN, ALINE		3.2 N	NAME	1				
STREET ADDRESS	9177-D SW 22ND STREET		3.3 9	STREET A	.DDR£SS				
CITY-ST-ZIP	BOCA RATON FL		3.4.	CITY-ST	- 21P				
TITLE	T	DELETE	4.1 T	TITLE				Change	Addition
NAME	BOYAJIAN, HAROUHOUN		4.21	NAME	}				
STREET ADDRESS	10450 178TH CT. S		4.3 9	STREET A	DDRESS				-
CITY+\$T-ZIP	BOCA RATON FL		440	CITY-ST	- ZIP				
TITLE		DELETE	5.1 T	ITLE				Change	Addition
NAME			52N	NAME					1
STREET ADDRESS			5.3 9	STREET A	DDRESS				
CITY-ST-ZIP			5.40	CITY-ST	- ZIP				_ ]
TITLE		☐ DELETE	6.1 T					Change	Addition
NAME -			6.2 N	NAME					
STREET ADDRESS			6.3 \$	STREET A	DDRES\$				Ì
CITY-ST-ZIP			6.4 0	CITY-ST	- ZIP				· ·
	<del></del>	· · · · · · · · · · · · · · · · · · ·							

1. 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 the 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 received in trusted complement 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 a ddress.

SIGNATURE:

OH) Pr

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