


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90005 026 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # K21306**  
 1. Corporation Name  
**NATIONAL AUTO PARTS OF U.S.A., INC.**

600053 - 90005 - 26



Principal Place of Business: 7100 KIMBERLY BLVD. N. LAUDERDALE FL 33068-2335  
 Mailing Address: 7100 KIMBERLY BLVD. N. LAUDERDALE FL 33068-2335

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **04/19/1988**  
 4. FEI Number: **65-0069319** 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 owes the current year Intangible Personal Property:  Yes  No

9. Name and Address of Current Registered Agent  
**BOYAJIAN, ALINE**  
**7100 KIMBERLY BLVD.**  
**N. LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent  
 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	BOYAJIAN, ZAVEN	
STREET ADDRESS	10450 178TH COURT S	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BOYAJIAN, NOUBAR	
STREET ADDRESS	20138 SOUTH KEY DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BOYAJIAN, ALINE	
STREET ADDRESS	9177-D SW 22ND STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOYAJIAN, HAROUHOUN	
STREET ADDRESS	10450 178TH CT. S	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: **Noubar Boyajian** 7/26/99 954 7216490  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

600093-90005-06  
K21306

## NATIONAL AUTO PARTS

D/B/A Rock Island Mobil  
7100 Kimberly Blvd.  
North Lauderdale, FL 33068

Tel: 305-721-6490/91  
Fax: 305-721-6499  
Telex: 451-565 Auto Parts USA

Division of Corporation  
Annual Reports Filings  
P.O.Box 1500  
Tallahassee FL 32302-1500

7/23/99

RE:K21306

Dear Sir,

This letter is to request the waiver of the late filing fee of the corporate annual report.


We only received the 2nd notice to file the annual report we never received the 1st notice. We had the same problem last year. We believe that there must be something wrong with the mail because along with our 2nd notice we received the 2nd notice of another corporation. Please see enclosed.

We also had another late mail delivery with unemployment comp. form. Eventually we had to make our own form so we wouldn't be late in filling.

We apologize if we had caused you an inconvenience. We hope you would be able to waive to late fee. On our end, we are going to mark our calendar for filling date so this would not happen again.

We appreciate if you could check your first mailing list to make sure our corporation is on it. Your immediate attention in this matter is greatly appreciated.

Thank you,



Noubar Boyajian  
V. President.