FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: (

BIOMATHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

| | 1996 | DIVIDION | OF CORPORATIONS | | |
|---|---|--|--|---|---|
| DOCU 1, Corporati | JMENT # LO45 | 520 (7) | | | |
| • | LESALE TRAILER PARTS, | INC. | | | |
| | | | | I JAANDIN AN RAWA ANAR KANA MAN | I Bāni Bibil Dida alda brait bibil dida lad |
| Principal Plac | ce of Business | Mailing Address | | | |
| 3000B 46TH | AVENUE NORTH | 3000B 46TH AVENUE | : NORTH | | |
| #205 ST PETERS | BURG FL 33714-3816 | #205 St Petersburg Fl | | | |
| | | OI FEIENSBUNG FE | 33/14-3816 | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 2. Principal F | Place of Business | 2a. Mailing Address | | 07/24/1989 | 02/24/1995 |
|] | | 26 Vialing Address | | 4. FEI Number 59-2962111 | Applied For |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | Not Applicate \$8.75 Additional |
| City & Stat | te | City & State | • | 5. Certificate of Status Desired | Fee Required |
|] | | 28 | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be |
| Zip] | Country | Zip | Country | This corporation has liability for it. | Added to Fees |
| | 25 9. Name and Address of Cui | rrent Registered Agent | 30 | Florida Statutes X Yes | □ No |
| | ··· | Total Hogistetou Agent | 81 Name | 10. Name and Address of New R | egistered Agent |
| Nowling, John D. 3604 Kings Avenue Brandon Fl 33511 | | | | /DO 8 N | |
| | | | <u> </u> | ress (P.O. Box Number is Not Acceptable | e) |
| DIVINU | JN FL 33311 | | 83 | | |
| | | | 84 City | | |
| | | | 1 1 * " | | ■■ 185 ! Zip Code |
| Pursuant or register | to the provisions of Sections 607.05 | 502 and 607.1508, Florida Statu | | ration submits this statement for the pure | FL 85 Zip Code |
| TOTAL TOTAL | to the provisions of Sections 607.05 ed agent, or both, in the State of Fi th, and accept the obligations of, S | 502 and 607.1508, Florida Statu Ilorida. Such change was authori lection 607.0505, Florida Statute | | ration submits this statement for the purp rd of directors. I hereby accept the appo | |
| GNATURE | or, and accept the obligations of, S | ection 607.0505, Florida Statute | tes, the above-named corporated by the corporation's boars. | a control of the appo | |
| GNATURE _ | Signature, typed or printed name of registered at OFFICERS A | gent and title of applicable IN AND DIRECTORS | | d when reinstating: | Dose of changing its registered offi intment as registered agent. I am |
| GNATURE _ | Signature: typod or printed name of registered at OFFICERS / | ection 607,0505, Florida Statute gent and title if applicable. (N | tes, the above-named corporated by the corporation's boards. DTE: Registered Agent signature required 13. 1.1 TITLE | a control of the appo | DOSE Of changing its registered off intment as registered agent. I am DATE DERS AND DIRECTORS IN 12 |
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4/26/96 (813) 526-3823