

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90034 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L57598

1. Corporation Name
INTRA PARTS EXPORT INC.

Principal Place of Business 1652 SAND KEY CIRCLE OVIEDO FL 32765 US	Mailing Address 49 ALAFAYA WOODS BLVD.. #199 OVIEDO FL 32765
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2814 OSPREY COVE PL	2a. Mailing Address 26 1342 E. VINE ST	3. Date Incorporated or Qualified 03/12/1990	4. FEI Number 65-0182839	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 104	Suite, Apt. #, etc. 27 247	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State 23 KISSIMMEE FL	City & State 28 KISSIMMEE FL	7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Zip 24 34746	Country 25	Zip 29 34744	Country 30	

9. Name and Address of Current Registered Agent THIMANN, ROBERT E 1652 SAND KEY CIRCLE OVIEDO FL 32765	10. Name and Address of New Registered Agent 81 Name ROBERT E. THIMANN 82 Street Address (P.O. Box Number is Not Acceptable) 83 2814-104 OSPREY COVE PLACE 84 City KISSIMMEE FL 85 Zip Code 34746
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIMANN, ROBERT E	1.2 NAME	ROBERT E. THIMANN
STREET ADDRESS	1652 SAND KEY CIRCLE	1.3 STREET ADDRESS	2814-104 OSPREY COVE PLACE
CITY-ST-ZIP	OVIEDO FL 32765	1.4 CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIMANN, MARGARITA	2.2 NAME	MARGARITA THIMANN
STREET ADDRESS	1652 SAND KEY CIRCLE	2.3 STREET ADDRESS	2814-104 OSPREY COVE PLACE
CITY-ST-ZIP	OVIEDO, FL 32765	2.4 CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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, with all other like empowered.

SIGNATURE: **Robert E. Thimann** **ROBERT E. THIMANN** Date **4/2/99** Daytime Phone # **(407)943-8720**

CR2E034 (11/98)