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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L63976** (9)

1. Corporation Name

PARK AVE. AUTO PARTS, INC.



Principal Place of Business

114 SOUTH PALMETTO AVENUE  
DAYTONA BEACH FL 32114-4320

Mailing Address

114 SOUTH PALMETTO AVENUE  
DAYTONA BEACH FL 32114-4320

3. Date Incorporated or Qualified

04/10/1990

3a. Date of Last Report

03/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt # etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAN HOUTEN, MICHAEL A.  
114 S. PALMETTO AVENUE  
DAYTONA BEACH FL 32115

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, WILLIAM J., JR.	
STREET ADDRESS	114 S. PALMETTO AVENUE	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, C.A.	
STREET ADDRESS	114 S. PALMETTO AVENUE	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	OLIPHANT, ROBERT B.	
STREET ADDRESS	114 S. PALMETTO AVENUE	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHUMANN, MICHAEL D.	
STREET ADDRESS	114 S. PALMETTO AVENUE	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SCHUMANN, MICHAEL D.	
STREET ADDRESS	114 S. PALMETTO AVENUE	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD Schumann, Michael D.
4.3 STREET ADDRESS	114 S. Palmetto Ave.
4.4 CITY - ST - ZIP	DAYTONA Beach FL
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 do 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: Michael D. Schumann Michael D. Schumann 4-15-97 (904) 428-4934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)