PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90185 033 \*\*\*150.00

## 

DO NOT WRITE IN THIS SPACE

DOCUMENT	#	M94032
<ol> <li>Corporation Name</li> </ol>		1410-1002

A TO Z AUTO PARTS, INC.

Principal Place of Business 104 NE 2ND AVE DELRAY BEACH FL 33444-3704 Mailing Address

104 NE 2ND AVE

DELRAY BEACH FL 33444-3704

				3. Date Incorporated or Qualifed		
				08/12/1988	Ì	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0062655	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	•	City & State		6. Election Campaign Financing	\$5.00-May-Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	ntangible	
24	25	29	0	Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	l Agent	
	DER, PATRICIA NE 2ND AVE		81 Name 82 Street Ad	LLOYD I, SNYDER Idress (P.P. Box Number is Northcoeptable)		
DELRAY BEACH FL 34444-3704			707 12 210 100			
	V() DD (0) / (2 0) / (1 0) (0)			DELLY BOTH FLA.		
	/7		84 City	DELLAY BOACH FI	85 Zip Code 23444	
11. Pursuant to the provisions of Sections 697.0502 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 objections of, Section 607.0505, Florida Statutes.						
SIGNATURE 1/24						
Signature, pythod or printed analysis agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
12.		DELETE	1.1 TITLE	ADDITIONO/CITATOES TO OTT TOESTO A	Change Addition	
	P DATRICIA E	Dece / c	1.2 NAME		~ , _	
NAME	SNYDER, PATRICIA E					
STREET ADDRESS	104 NE 2ND AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33444-3704	□ DELETE	1.4 CITY-ST-ZIP	The first of the same of the	Change Addition	
TITLE	V	☐ Dereie	2.1 TITLE	SECRETARY /THEMSULER	onunge	
NAME	SNYDER, GARY		2.2 NAME			
STREET ADDRESS	104 NE 2ND AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33444-3704		2.4 CITY-ST-ZIP		Change MAddition	
TITLE	<b>7</b>	☐ DELETE	3.1 TITLE	PRESIDENT LLOYD SNYDER	Change Addition	
NAME			3.2 NAME	LLOYD SNYDER	ļ	

TITLE

| DELETE | 6.1 TITLE | 6.2 NAME | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | 6.5 STREET ADDRESS | 6.5 STREET ADD

3.3 STREET ADDRESS

4.3 STREET AODRESS

5.3 STREET ADORESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

☐ DELETE

DELETE

104 NE 2ND AVE

MICHAEL LIFLANK

6608 PATIO LANE

BOCA RATON, FLA

DELRAM REACH

VICE PRESIDENT

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-265-3506 Daytime Phone #

33444

33433

Change

[] Change

Addition

Addition