

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45586** (7)
1. Corporation Name
SUNCOAST PARTS MANAGERS CLUB, INC.

Principal Place of Business % ROBERT TURNER 1401 EAST PINE ST. CLEARWATER FL 34616	Mailing Address % ROBERT TURNER 1401 EAST PINE ST. CLEARWATER FL 34616-6140
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3. Date Incorporated or Qualified 10/11/1991	3a. Date of Last Report 04/03/1996
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2. Principal Place of Business 21 % MICHAEL T KELLY Suite, Apt. #, etc. 22 City & State 23 BRADENTON, FLA Zip 24 34207	2a. Mailing Address 26 2900 CORTEZ RD. W. Suite, Apt. #, etc. 27 City & State 28 BRADENTON, FLA Zip 29 34207
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4. FEI Number 59-3099063	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KELLY, MICHAEL T 1401 EAST PINE ST. 2900 CORTEZ RD W BRADENTON FL 34207	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0603, Florida Statutes.

SIGNATURE *Michael T Kelly* **MICHAEL T KELLY** **1/30/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCKER, MAX	1.2 NAME	
STREET ADDRESS	2647 COUNTRY CLUB DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, MIKE	2.2 NAME	
STREET ADDRESS	504 ACACIA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEELAN, JOHN	3.2 NAME	
STREET ADDRESS	113 WOODINGHAM DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGRUM, TERRY	4.2 NAME	MAGRUM, TERRY
STREET ADDRESS	2218 BAXOM WAY	4.3 STREET ADDRESS	2218 BAXOM WAY
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	CLEARWATER, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	KELLY, MICHAEL
STREET ADDRESS		5.3 STREET ADDRESS	2900 CORTEZ RD. W.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BRADENTON, FLA.
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael T Kelly* **MICHAEL T KELLY** **1/30/97** **941-756-0621**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)