FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 24 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **P39962** **(6)**

1. Corporation Name
INTERCO PARTS CORPORATION

Principal Place of Business	Mailing Address
3698A NW 15 STREET LAUDERHILL FL 33311	3698A NW 15 STREET LAUDERHILL FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/07/1992**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business
21: 150 WIRELESS BLVD
22: Suite, Apt. #, etc.
23: City & State: HAUPPAUGE, NY
24: Zip: 11788 25: Country

2a. Mailing Address
26: 150 WIRELESS BLVD
27: Suite, Apt. #, etc.
28: City & State: HAUPPAUGE, NY
29: Zip: 11788 30: Country

4. FEI Number: **11-2424420** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability by intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SISTI, RITA
3698 A. NW 15 ST.
LAUDERHILL FL 33311

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail-in filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1 1 TITLE		☐ Change ☐ Addition
NAME	PACE, MICHAEL	1 2 NAME		
STREET ADDRESS	775 BRYANT AVE.	1 3 STREET ADDRESS		
CITY-ST-ZIP	ROSLYN HARBOR NY	1 4 CITY-ST-ZIP		
TITLE	V	2 1 TITLE		☐ Change ☐ Addition
NAME	CUSHING, ROBERT	2 2 NAME		
STREET ADDRESS	122 WILLOW AVE.	2 3 STREET ADDRESS		
CITY-ST-ZIP	HUNTINGTON NY	2 4 CITY-ST-ZIP		
TITLE	S	3 1 TITLE		☐ Change ☐ Addition
NAME	STOLBERG, MARCIA	3 2 NAME		
STREET ADDRESS	17 COLONIAL AVE.	3 3 STREET ADDRESS		
CITY ST ZIP	MERRICK NY	3 4 CITY-ST-ZIP		
TITLE	T	4 1 TITLE		☐ Change ☐ Addition
NAME	PACE, JANE	4 2 NAME		
STREET ADDRESS	775 BRYANT AVE.	4 3 STREET ADDRESS		
CITY ST ZIP	ROSLYN HARBOR NY	4 4 CITY-ST-ZIP		
TITLE	VP	5 1 TITLE		☐ Change ☐ Addition
NAME	ROTHENBERG, HOWARD	5 2 NAME		
STREET ADDRESS	83 CARAMEL RD.	5 3 STREET ADDRESS		
CITY ST ZIP	COMMACK NY	5 4 CITY-ST-ZIP		
TITLE		6 1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Howard Rothenberg HOWARD ROTHENBERG 3/15/95 (516)434-1441
SIGNATURE AND TYPED OR PRINTED NAME OF RANKING OFFICER OR DIRECTOR — Date — Daytime Phone #

021P050 CP