

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

**FILED**  
**Jan 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000000784 (8)**  
 1. Corporation Name  
**THE PARTS SOURCE, INC.**



Principal Place of Business 1751 S. MISSOURI AVE. CLEARWATER FL 34616 US	Mailing Address 1751 S MISSOURI AVE CLEARWATER FL 34616
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/29/1992</b>	
4. FEI Number <b>59-3149403</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent	
COX, THOMAS D 1751 S MISSOURI AVE CLEARWATER FL 34616	
81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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	
TITLE	P <input type="checkbox"/> DELETE
NAME	COX, THOMAS D
STREET ADDRESS	2226 HERON CIR
CITY-ST-ZIP	CLEARWATER FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	COX, ROBERT A JR.
STREET ADDRESS	1710 71ST NW
CITY-ST-ZIP	BRADENTON FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	FRANK KELLY
STREET ADDRESS	11401 9TH ST, N., #2007
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	BOB MORGAN
STREET ADDRESS	857 180TH AVENUE
CITY-ST-ZIP	REDINGTON SHORES FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	Barry Herman
STREET ADDRESS	107 Causeway Blvd.
CITY-ST-ZIP	Bellaire Beach, FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: *Bob Morgan CFO* 1/5/98 8135000377

CR2E094 (10/97)