FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

	PORATION Sandra B. Mortham JAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS				
DOCU	JMENT # P930	000003574 (9)		
FAST	MOVING PARTS, INC.				1844
Principal Pla	ace of Business	Mailing Address			8 EN 1 8 EN 1 8 EN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	a. Blvd Suite 147 Ach Gardens fl 33418	4521 P.G.A. BLVD SU PALM BEACH GARDEN			
				3. Date Incorporated or Qualified 01/14/1993	3a. Date of Last Report 08/02/1995
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite. Ap	ot. #, etc.	Suite, Apt #, etc.		65-0386034 5. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
22 City & St	ate	27 City & State 28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ 24	Country 25	Ζφ 29	Country 30	8. This corporation has liability for	
	9. Name and Address of Cu		[20]	10. Name and Address of New F	
			81 Name		
	TICA, FRANK		82 Street Add	tress (P.O. Box Number is Not Acceptab	ile)
	CYPRESS POINT DR				
PALM	BCH GDNS FL 33418		83		
			84 City		FL 85 Zip Code
11. Pursua	nt to the provisions of Sections 607.	0502 and 607.1508, Florida Statute	es, the above named corpo	oration submits this statement for the pur	roose of changing its registered office
or regis	stered agent, or both, in the State of with, and accept the obligations of,	Florida: Such change was authorize	ed by the corporation's boa	ard of directors. I hereby accept the app	ointment as registered agent. I am
SIGNATURE					
	Skjnature, typed or printed harve of registered		t. Exceptioned Apping agreement equil		DATE
12.	PD	AND DIRECTORS DELETE	13. 1 1 TOVE	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change
NAME	MANTICA, FRANK	[] bttt.tt	1.2 NAME		Change Sad ton
STREET ADDRES			1 3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GDNS FL		1.4 CHY - ST - ZIP		
TITLE	STD	DELETE	2 1 TITLE		Change Addition
NAME	MANTICA, LUCIA		2.2 NAME		
STREET ADDRES			2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GDNS FL		2 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADORES	SS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4 CITY - ST - ZIP 4 1 T-TLE		Change Addition
NAME	į	<u></u>	4.2 NAME		
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TITLE		DELETE	5 1 TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		□ bt. bre	5.4 CH / - S1 - ZIP		□ 0banca □ 1345
TITLE		☐ DELETE	6 1 TO LE		☐ Change ☐ Addition
NAME CIPELLADORS			6.2 NAME		
STREET ADDRES	and I		6.3 STEET ADDRESS		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and thoes not qualify for the exemption stated in Section 119.07(3)(k), 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address

SIGNATURE:

April 6 22 - 1996 Dayrine Fischer