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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P93000015540 (6)**

1. Corporation Name
PARTS DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
3290 SW 50TH AVE. FT. LAUDERDALE FL 33314	P.O. BOX 26922 TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1993

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable
21 Same	26	65-0386909	
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27	5. Certificate of Status Desired: [X]	$8.75 Additional Fee Required
City & State: 23	City & State: 28	6. Election Campaign Financing Trust Fund Contribution: [ ]	$5.00 May Be Added to Fees
Zip: 24 / Country: 25	Zip: 29 / Country: 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No	

9. Name and Address of Current Registered Agent

HABEL, DALE
3290 SW 50TH AVE.
FT. LAUDERDALE FL 33314

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: _____ 1/22/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GREENE, CHARLES 910 NW 16TH TERR. PLANTATION FL 33325	[ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Ellis, Richard 6860 SW 27th Ct. Miramar, FL. 33023	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HABEL, DALE 9520 NW 65TH ST. FT. LAUDERDALE FL 33321	[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD Habel, Dale 9520 NW 65th St. Ft. Lauderdale, FL. 33321	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ELLIS, RICHARD 6860 SW 27TH CT. MIRAMAR FL 33023	[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD Paul F. Baker 6860 SW 27th Ct. Miramar, FL. 33023	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (10/97)

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: Richard Ellis PRES 1/22/98