FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P93000063634 (8)

1. Corporation Name

US 1 AUTO PARTS DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
820 SE 5TH AVE DELRAY BEACH FL 33483	820 SE 5TH AVE DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: **09/13/1993**
3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business
21 1240 W. INDUSTRIAL AVE.
Suite, Apt. #, etc.
22 BAY 1 & 2
City & State
23 BOYNTON BEACH, FL
Zip 24 33426 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0441594** ☐ 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 for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KRAMER, SCOTT
1155 US HIGHWAY ONE
SUITE 205
JUNO BEACH FL 33408

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 607.1505, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13	
TITLE	D	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	GOROWSKY, STEVEN		2 NAME	
STREET ADDRESS	820 SE FIFTH AVE		3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483		4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	7 TITLE	☐ Change ☐ Addition
NAME	GOROWSKY, MARLENE T		8 NAME	
STREET ADDRESS	820 SE FIFTH AVE		9 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483		10 CITY-ST-ZIP	
TITLE		☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME			14 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			16 CITY-ST-ZIP	
TITLE		☐ DELETE	19 TITLE	☐ Change ☐ Addition
NAME			20 NAME	
STREET ADDRESS			21 STREET ADDRESS	
CITY-ST-ZIP			22 CITY-ST-ZIP	
TITLE		☐ DELETE	25 TITLE	☐ Change ☐ Addition
NAME			26 NAME	
STREET ADDRESS			27 STREET ADDRESS	
CITY-ST-ZIP			28 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	37 TITLE	☐ Change ☐ Addition
NAME			38 NAME	
STREET ADDRESS			39 STREET ADDRESS	
CITY-ST-ZIP			40 CITY-ST-ZIP	

CR2E034 (12/95)

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 added to the report or an attachment with an address.

SIGNATURE: Marlene Gorowsky Marlene Gorowsky ✓ 3-27-96 407 274-0806
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #