Jan 23, 1999 8:00 am Secretary of State

01-23-1999 90017 019 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000071658

PC PARTS CORPORATION

Principal Place of Business		Mailing Address				-	<u> </u>		FEOT FIDIO DISOL	
2819 SW 181ST AVE		2819 SW 181ST AVE	*							
MIRAMAR FL 33029		MIRAMAR FL 33029	MIRAMAR FL 33029			DO NOT WRITE IN THIS SPACE				
US		U\$				3. Date Incorporated or 0		IN IHIS	SPACE	
						10/15/1993	Zuameu			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Ap	plied For
21		<del>                                     </del>	26			65-0442389			<del>)   -  </del>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status De	neirad		\$8.75	
22		27	27			5. Certificate of Status Di		<u></u>	Fee Re	quired
City & State		City & State	City & State			6. Election Campaign Fir	_	П	\$5.00	,
23		28	· · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution			Added t	o Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes			angible □ Yes	Ν'nο
24	9. Name and Address of Curr	29	30			Personal Property Tax 10. Name and Address of				<b>22(110</b>
	9. Name and Address of Con	rent registered Agent		81	Name	10. Hame and Addition		<b>3</b>		
REBO	OUCAS, ROY J.			Ш						
2819 SW 181ST AVE				82	Street Addre	ess (P.O. Box Number is Not	t Acceptab	18)		
MIRA	AMAR FL 33029			83		4	* * .	77.		14.3-12
							· · ·		loc Zin's	20do 25155
				84	City	-		FL	85 Zip (	Jode
									obanging its	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	tes, the a	bove	-named corpo	ration submits this statemer	nt for the p	nibose oi	changing its	registered
office or r	registered agent or both in the Sta	ate of Florida. Such change was :	authorized	i by t	the corporation	oration submits this statement or n's board of directors. I here	nt for the p by accept	the appoir	ntment as re	gistered
office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta im familiar with, and accept the obl	ate of Florida. Such change was :	authorized	i by t	the corporation	oration submits this statemer n's board of directors. I here	nt for the p by accept	the appoir	ntment as re	gistered
office or reagent. I a	registered agent or both in the Sta	ate of Florida. Such change was ligations of, Section 607.0505, Fl	authorized orida Stati	by tutes.	the corporation	n's board of directors. I here when reinstating)	ту ассерт	The appoir	ntment as re	gistered
office or reagent. I a	egistered agent, or both, in the Sta im familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS	ate of Florida. Such change was igations of, Section 607.0505, Floridation and title if applicable.  (NOT AND DIRECTORS	euthorized orida Stati E: Registered	by tutes.	the corporation	n's board of directors. I here	ту ассерт	The appoir	D DIRECTO	RS IN 12
office or reagent. I a	egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered:  OFFICERS  D	ate of Florida. Such change was igations of, Section 607.0505, Floridation and title if applicable. (NOT	euthorized orida Stati E: Registered 13.	Agent	the corporation	n's board of directors. I here when reinstating)	ту ассерт	The appoir	ntment as re	gistered
office or ragent. I a SIGNATURE	egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered of the obless of the o	ate of Florida. Such change was igations of, Section 607.0505, Floridation and title if applicable.  (NOT AND DIRECTORS	authorized prida Stati E: Registered 13. 1.1 TI 1.2 N	Agent	the corporation	when reinstating)  ADDITIONS/CHANGES	ту ассерт	The appoir	D DIRECTO	RS IN 12
office or ragent. I a SIGNATURE  12.	egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered OFFICERS  D  REBOUCAS, ROY J  2819 SW 181ST AVE	ate of Florida. Such change was igations of, Section 607.0505, Floridation and title if applicable.  (NOT AND DIRECTORS	E: Registered 13. 1.1 Ti 1.2 No 1.3 Si	Agent TLE AME	the corporation	when reinstating)  ADDITIONS/CHANGES	ту ассерт	The appoir	D DIRECTO	RS IN 12
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Sta im familiar with, and accept the obl Signature, typed or printed name of registered. OFFICERS D REBOUCAS, ROY J 2819 SW 181ST AVE MIRAMAR FL	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. (NOT AND DIRECTORS	E: Registered 13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci	Agent TLE AME TREET TY-ST	the corporation	when reinstating)  ADDITIONS/CHANGES	ту ассерт	The appoir	D DIRECTO	RS IN 12
office or ragent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE	egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered.  OFFICERS  D  REBOUCAS, ROY J  2819 SW 181ST AVE  MIRAMAR FL  D	ate of Florida. Such change was igations of, Section 607.0505, Floridation and title if applicable.  (NOT AND DIRECTORS	E: Registered  13.  1.1 Ti  1.2 N/  1.3 Si  1.4 Ci  2.1 Ti	Agent TLE AME TY-ST	the corporation	when reinstating)  ADDITIONS/CHANGES	ту ассерт	The appoir	D DIRECTO	RS IN 12
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered.  OFFICERS  D  REBOUCAS, ROY J  2819 SW 181ST AVE  MIRAMAR FL  D  REBOUCAS, REENE M	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. (NOT AND DIRECTORS	E: Registered 13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni	Agent TLE AME TREET TLE TLE AME	ADDRESS	when reinstating)  ADDITIONS/CHANGES	ту ассерт	The appoir	D DIRECTO	RS IN 12
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered.  OFFICERS  D  REBOUCAS, ROY J  2819 SW 181ST AVE  MIRAMAR FL  D  REBOUCAS, REENE M  2819 SW 181ST AVE	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. (NOT AND DIRECTORS	E: Registered  13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI	Agent TLE AME TY-ST TLE AME TREET	ADDRESS ADDRESS	when reinstating)  ADDITIONS/CHANGES	ту ассерт	The appoir	D DIRECTO	RS IN 12 Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered.  OFFICERS  D  REBOUCAS, ROY J  2819 SW 181ST AVE  MIRAMAR FL  D  REBOUCAS, REENE M	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. (NOT AND DIRECTORS DELETE DELETE	E: Registered 13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C	Agent TLE TREET TY-ST TLE AME TREET TY-ST TLE	ADDRESS ADDRESS	when reinstating)  ADDITIONS/CHANGES	ту ассерт	The appoir	D DIRECTO Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered.  OFFICERS  D  REBOUCAS, ROY J  2819 SW 181ST AVE  MIRAMAR FL  D  REBOUCAS, REENE M  2819 SW 181ST AVE	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. (NOT AND DIRECTORS	### 13.  1.1 TF 1.2 NV 1.3 ST 1.4 CD 2.1 TF 2.2 NV 2.3 ST 2.4 CD 3.1 TF 1.7 TF	Agent TLE TY-ST TLE TY-ST TLE TY-ST TLE TREET TREET TREET TREET TREET	ADDRESS ADDRESS	when reinstating)  ADDITIONS/CHANGES	ту ассерт	The appoir	D DIRECTO	RS IN 12 Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of Information with, and accept the obless of Information with, and accept the obless of Information	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. (NOT AND DIRECTORS DELETE DELETE	E: Registered 13. 1.1 TT 1.2 N/ 1.3 S1 1.4 CI 2.1 TT 2.2 N/ 2.3 SI 2.4 CC 3.1 TT 3.2 N/	Agent TLE AME TY-ST TLE TREET TY-ST TILE TREET TILE TREET TILE TREET TILE TREET TILE	ADDRESS 1- ZIP	when reinstating)  ADDITIONS/CHANGES	ту ассерт	The appoir	D DIRECTO Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SITY-ST-ZIP STREET ADDRESS	registered agent, or both, in the State of Information with, and accept the obless of Information with, and accept the obless of Information	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. (NOT AND DIRECTORS DELETE DELETE	E: Registered 13. 1.1 TT 1.2 N 1.3 S1 1.4 CI 2.1 TT 2.2 N 2.3 S1 2.4 C 3.1 TT 3.2 N 3.3 S1	Agent TLE AME TREET TLE AME TREET TLE TY-ST TLE TITUE TTUE TTUE TTUE TTUE TTUE TTUE	ADDRESS 1-ZIP ADDRESS ADDRESS	when reinstating)  ADDITIONS/CHANGES	ту ассерт	The appoir	D DIRECTO Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State of Information with, and accept the obless of Information with, and accept the obless of Information	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. (NOT AND DIRECTORS DELETE DELETE	E: Registered 13. 1.1 TT 1.2 NV 1.3 S1 1.4 CI 2.1 TT 2.2 NV 2.3 SI 2.4 CC 3.1 TT 3.2 NV 3.3 S1 3.4. C	Agent TLE AME TREET TY-ST TLE AME TREET TY-ST TLE TITY-SI TLE TREET TITY-SI	ADDRESS 1-ZIP ADDRESS ADDRESS	when reinstating)  ADDITIONS/CHANGES	ту ассерт	The appoir	D DIRECTO Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State of Information with, and accept the obless of Information with, and accept the obless of Information	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. (NOT AND DIRECTORS DELETE DELETE	E: Registered 13. 1.1 TT 1.2 N/ 1.3 S1 1.4 Cl 2.1 TT 2.2 N/ 2.3 S1 2.4 C 3.1 TT 3.2 N/ 3.3 S1 3.4 C 4.1 TT	Agent TLE TLE TY-ST TLE TY-ST TLE THE THE THE THE THE THE THE THE THE TH	ADDRESS 1-ZIP ADDRESS ADDRESS	when reinstating)  ADDITIONS/CHANGES	ту ассерт	The appoir	D DIRECTO Change Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered.  OFFICERS  D  REBOUCAS, ROY J  2819 SW 181ST AVE  MIRAMAR FL  D  REBOUCAS, REENE M  2819 SW 181ST AVE  MIRAMAR FL	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. (NOT AND DIRECTORS DELETE DELETE	E: Registered 13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 3.4 C 4.1 TI 4.2 N/	Agent TLE TLE TREET TY-ST TLE TREET	ADDRESS T. ZIP  ADDRESS T. ZIP	when reinstating)  ADDITIONS/CHANGES	ту ассерт	The appoir	D DIRECTO Change Change	RS IN 12 Addition Addition
office of ragent. I a SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered.  OFFICERS  D  REBOUCAS, ROY J  2819 SW 181ST AVE  MIRAMAR FL  D  REBOUCAS, REENE M  2819 SW 181ST AVE  MIRAMAR FL	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. (NOT AND DIRECTORS DELETE DELETE	E: Registered 13. 1.1TT 1.2 N 1.3 ST 1.4 Cl 2.1 TT 2.2 N 2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST	Agent TLE AME TREET TY-ST TLE AME TREET TILE TILE TILE TILE TILE TILE TILE T	ADDRESS T- ZIP  ADDRESS T- ZIP  ADDRESS T- ZIP	when reinstating)  ADDITIONS/CHANGES	ту ассерт	The appoir	D DIRECTO Change Change	RS IN 12 Addition Addition
office of ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered.  OFFICERS  D  REBOUCAS, ROY J  2819 SW 181ST AVE  MIRAMAR FL  D  REBOUCAS, REENE M  2819 SW 181ST AVE  MIRAMAR FL	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. (NOT AND DIRECTORS DELETE DELETE	E: Registered 13. 1.1TT 1.2 N 1.3 ST 1.4 Cl 2.1 TT 2.2 N 2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST	Agent TLE AME TREET TY-ST TLE AME TREET TILE TILE TILE TILE TILE TILE TILE T	ADDRESS T- ZIP  ADDRESS T- ZIP  ADDRESS T- ZIP	when reinstating)  ADDITIONS/CHANGES	ту ассерт	The appoir	D DIRECTO Change Change	RS IN 12 Addition Addition
office of ragent. I a SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the obl  Signature, typed or printed name of registered.  OFFICERS  D  REBOUCAS, ROY J  2819 SW 181ST AVE  MIRAMAR FL  D  REBOUCAS, REENE M  2819 SW 181ST AVE  MIRAMAR FL	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. (NOT AND DIRECTORS DELETE DELETE	E: Registered 13. 1.1 TI 1.2 N/ 1.3 S1 1.4 CI 2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1 3.4 C 4.1 TI 4.2 N/ 4.3 S1 4.4 CI	Agent TLE TLE TREET TLE AME TREET TLE	ADDRESS T- ZIP  ADDRESS T- ZIP  ADDRESS T- ZIP	when reinstating)  ADDITIONS/CHANGES	S TO OFF	DATE CERS AN	D DIRECTO Change Change	RS IN 12 Addition Addition Addition
office of ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Stam familiar with, and accept the obles of the state of the st	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. (NOT AND DIRECTORS DELETE DELETE	E: Registered 13. 1.1 TT 1.2 N/ 1.3 S1 1.4 CI 2.1 TT 2.2 N/ 2.3 S1 2.4 C 3.1 TT 3.2 N/ 3.3 S1 3.4 C 4.1 TT 4.2 N/ 4.3 S1 4.4 CI 5.1 TT 5.2 N/	Agent TLE AME TREET TLE AME TREET TLE AME TREET TLE TREET TLE TREET TLE TREET TTLE TTLE	ADDRESS T- ZIP  ADDRESS T- ZIP  ADDRESS T- ZIP	when reinstating)  ADDITIONS/CHANGES	ту ассерт	DATE CERS AN	D DIRECTO Change Change	RS IN 12 Addition Addition Addition
office of ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the obles of the state of the st	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. (NOT AND DIRECTORS DELETE DELETE	E: Registered 13. 1.1 TI 1.2 N/ 1.3 S1 1.4 CI 2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1 3.4 C 4.1 TI 4.2 N/ 4.3 S1 4.4 CI 5.1 TI 5.2 N/ 5.3 S1	Agent TLE AME TREET TLE AME TREET TLE AME TREET TLE TREET TLE TREET TLE TREET TTLE TTLE	ADDRESS T- ZIP  ADDRESS T- ZIP  ADDRESS T- ZIP  ADDRESS T- ZIP	when reinstating)  ADDITIONS/CHANGES	S TO OFF	DATE CERS AN	D DIRECTO Change Change	RS IN 12 Addition Addition Addition
office of ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stam familiar with, and accept the obles of the state of the st	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. (NOT AND DIRECTORS DELETE DELETE	E: Registered 13. 1.1 TI 1.2 N/ 1.3 S1 1.4 CI 2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1 3.4 C 4.1 TI 4.2 N/ 4.3 S1 4.4 CI 5.1 TI 5.2 N/ 5.3 S1	Agent TLE AME TREET TLE TREET	ADDRESS T- ZIP  ADDRESS T- ZIP  ADDRESS T- ZIP  ADDRESS T- ZIP	when reinstating)  ADDITIONS/CHANGES	S TO OFF	DATE CERS AN	D DIRECTO Change Change	RS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the obles of the state of the st	ate of Florida. Such change was ligations of, Section 607.0505, Flagent and title if applicable. (NOT AND DIRECTORS DELETE DELETE DELETE	E: Registered 13. 1.1 TT 1.2 N/ 1.3 S1 1.4 CI 2.1 TT 2.2 N/ 2.3 S1 2.4 C 3.1 TT 3.2 N/ 3.3 S1 3.4 C 4.1 TT 4.2 N/ 4.3 S1 4.4 CI 5.1 TT 5.2 N/ 5.3 S1 5.4 CI	I by t utes.  Agent ILE AME IREET ITLE AME IREET ITLE ITLE ITLE ITLE ITLE ITLE ITLE I	ADDRESS T- ZIP  ADDRESS T- ZIP  ADDRESS T- ZIP  ADDRESS T- ZIP	when reinstating)  ADDITIONS/CHANGES	S TO OFF	DATE CERS AN	D DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition

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, with all other like empowered.

6.4 CITY-ST-ZIP