

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 # P94000068376 (0)

1. Corporation Name

FLORIDA AUTOMOTIVE PARTNERS, INC.



Principal Place of Business

120 N.W. 12TH AVENUE
DEERFIELD BEACH FL 33442

Mailing Address

120 N.W. 12TH AVENUE
DEERFIELD BEACH FL 33442

2. Principal Place of Business

2a. Mailing Address

21 601 Veterans Hwy
Suite, Apt. #, etc.

26 601 Veterans Hwy
Suite, Apt. #, etc.

22 City & State
23 Haverage NY

27 City & State
28 Haverage NY

24 Zip 11788
25 Country Suffolk

29 Zip 11788
30 Country Suffolk

3. Date Incorporated or Qualified

09/16/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0521515

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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 DC ☒ DELETE
NAME NIXON, MICHAEL
STREET ADDRESS 100 NW 12TH AVE
CITY-ST-ZIP DEERFIELD BEACH FL

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Richard Connolly
1.3 STREET ADDRESS 120 N.W. 12th Ave.
1.4 CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE D ☐ DELETE
NAME WOLK, SIDNEY D Wolk, Sidney
STREET ADDRESS 4040 MYSTIC VALLEY PKWY
CITY-ST-ZIP BOSTON MA

2.1 TITLE President ☐ Change ☒ Addition
2.2 NAME Darryl Smith
2.3 STREET ADDRESS 60 N.W. 12th Avenue
2.4 CITY-ST-ZIP Deerfield Beach FL 33442

TITLE D ☐ DELETE
NAME WOLK, NATHAN Wolk, Nathan
STREET ADDRESS 4040 MYSTIC VALLEY PKWY
CITY-ST-ZIP BOSTON MA

3.1 TITLE Secretary ☐ Change ☒ Addition
3.2 NAME James Burzotta
3.3 STREET ADDRESS 601 Veterans Hwy
3.4 CITY-ST-ZIP Haverage NY 11788

TITLE DEVS ☒ DELETE
NAME DAVIS, JEFFREY
STREET ADDRESS 100 NW 12TH AVE
CITY-ST-ZIP DEERFIELD BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME CONNOLLY, RICHARD
STREET ADDRESS 4040 MYSTIC VALLEY PKWY
CITY-ST-ZIP BOSTON MA

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME MEINHART, CAROL Meinhardt, Carol
STREET ADDRESS 4040 MYSTIC VALLEY PKWY
CITY-ST-ZIP BOSTON MA

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

516-979-1000

Daytime Phone

CR2E034 (12/95)