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FILED

Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

601 VETERANS HWY
HAUPPAUGE NY 11788
US

601 VETERANS HWY
HAUPPAUGE NY 11788-2851
US



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 Hauppauge, New York
Zip Country
24 11788 25 U.S.A.

27 City & State
28 Hauppauge NY
Zip Country
29 11788 30 U.S.A.

3. Date Incorporated or Qualified
09/16/1994

3a. Date of Last Report
05/01/1996

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

TITLE	PRES	<input checked="" type="checkbox"/> DELETE
NAME	CONNOLLY, RICHARD	
STREET ADDRESS	120 NW 12TH AVE.	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	PRES	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DARRYL	
STREET ADDRESS	120 NW 12TH AVE.	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	SEC	<input checked="" type="checkbox"/> DELETE
NAME	BURZOTTA, JAMES	
STREET ADDRESS	601 VETERANS HWY	
CITY-ST-ZIP	HAUPPAUGE NY	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MEINHART, CAROL S	
STREET ADDRESS	4040 MYSTIC VALLEY PKWY	
CITY-ST-ZIP	BOSTON MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Clifford Burwell	
1.3 STREET ADDRESS	601 Veterans Hwy	
1.4 CITY-ST-ZIP	Hauppauge NY 11788	
2.1 TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cerard Mahoney	
2.3 STREET ADDRESS	601 Veterans Hwy	
2.4 CITY-ST-ZIP	Hauppauge NY 11788	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ronald Loshin	
3.3 STREET ADDRESS	2950 Merced St.	
3.4 CITY-ST-ZIP	San Leandro, CA 94577	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Randall McCathern	
4.3 STREET ADDRESS	8000 Richard Jones Rd.	
4.4 CITY-ST-ZIP	Nashville TN 37215	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Signature and typed or printed name of signing officer or director
Clifford Burwell 2/14/97 516979-1000
Date Daytime Phone

CR2E034 (9/96)