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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9500003750 (3)

AUTO PARTS WORLD, INC.

CITY-ST-ZIP

Principal Place 3505 13 STREE ST CLOUD FL	ग	Mailing Address 3505 13 STREET ST CLOUD FL 34769405	_			
					3. Date incorporated or Qualified 01/13/1995	3a. Date of Last Report 03/07/1996
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		26 Costo Apt # ata			59-3289003	Not Applicable
22		Surte, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for	
24	9. Name and Address of Curre	29	30			Yes No
HAW	VKINS, BILL	nt Hegistered Agent	8	1 Name	10. Name and Address of New Re	gistered Agent
	5 13 STREET					
ST CLOUD FL 32769			8	2 Street Add	dress (P.O. Box Number is Not Acceptate	ole)
			B	3		
			8	4 City		85 Zip Code
						FL
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Stat e of Florida _. Such change wa	utes, the abo s authorized t	ve-named cor by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of changing its registered of the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, I	Florida Statut	es.		
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable (N	OTF: Hogistered A	gent signature requ	uired when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	STD DELETE		1,1 TITLE			Change
NAME	HAWKINS, BILL 3505 13 STREET		1,2 NAM	- 1		
STREET ADDRESS	ST CLOUD FL 32769			ET ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY 2.1 TITLE			Change Addition
NAME	CHAMBLIN, JAMES		2.2 NAM			Ligo Ligo (Ligo (L
STREET ADDRESS	3505 13 STREET			ET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL 32769		2 # CITY	- S1 - ZIP		
TITLE		DELETE	3 1 TITLE			Change Addition
NAME			3 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DÉLETE	3.4. CITY 4.1 TITLE			Change Addition
NAME			4.2 NAM			Onango risultion
STREET ADDRESS				£1 ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		DELETE	5.1 T(TLE			Change Addition
NAME			5.2 NAM			,
STREET ADDRESS			i i	ET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY			Change Addition
TITLE NAME		∟ J ULLE IE	6.1 TITLE 6.2 NAM			Change Addition
STREET ADDRESS				ET ADDRESS		

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 eath; 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.