

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000005921 (8)

1. Corporation Name

FOREST AUTO PARTS, INC.



Principal Place of Business

10789 EAST S.R. 40  
SILVER SPRINGS FL 34488

Mailing Address

10789 EAST S.R. 40  
SILVER SPRINGS FL 34488

2. Principal Place of Business

2a. Mailing Address

21 SAME  
Suite, Apt. #, etc.

26 SAME  
Suite, Apt. #, etc.

22 City & State  
23 SAME

27 City & State  
28 SAME

24 Zip Country  
25 MARION

29 Zip Country  
30

9. Name and Address of Current Registered Agent

REGEN, RONALD A  
RT. 4, BOX 279  
HAWTHORNE FL 32640

PO BOX 2185

3. Date Incorporated or Qualified

01/20/1995

3a. Date of Last Report

4. FEI Number

65-0-554572

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

111 STAR LAKE DRIVE

83

84 City

Hawthorne

FL

85 Zip Code

32640

11. Pursuant to the provisions of Section 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

Ronald A. Regen, President

4-1-96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PT  
REGEN, RONALD A SR.  
RT. 4, BOX 279  
HAWTHORNE FL 32640

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V  
REGEN, CYNTHIA S  
RT. 4, BOX 279  
HAWTHORNE FL 32640

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S  
REGEN, CYNTHIA D  
RT. 4, BOX 279  
HAWTHORNE FL 32640

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

Box 2185 111 STAR LAKE DRIVE  
HAWTHORNE FL 32640

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

Box 2185 111 STAR LAKE DR  
Hawthorne FL 32640

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

Box 2185 111 STAR LAKE DR  
Hawthorne FL 32640

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

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

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

900001779599  
-04/15/96--01027--009  
\*\*\*200.00

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 executor 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 to an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald A. Regen, President

4-1-96

CR2E034 (12/95)

04-14-96