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Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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 34488-2347

3. Date Incorporated or Qualified  
01/20/1995

3a. Date of Last Report  
04/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25  
g. Name and Address of Current Registered Agent  
REGEN, RONALD A  
111 STAR LAKE DRIVE  
HAWTHORNE FL 32840

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30  
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 PT  
NAME REGEN, RONALD A SR.  
STREET ADDRESS BOX 2185 111 STAR LK DRIVE  
CITY-ST-ZIP HAWTHORNE FL 32840

TITLE V  
NAME REGEN, CYNTHIA S  
STREET ADDRESS BOX 2185 111 STAR LK DRIVE  
CITY-ST-ZIP HAWTHORNE FL 32840

TITLE S  
NAME REGEN, CYNTHIA D  
STREET ADDRESS BOX 2185 111 STAR LK DRIVE  
CITY-ST-ZIP HAWTHORNE FL 32840

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

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

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

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

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: Cynthia D. Regen Cynthia D. Regen 4/10/97 352-625-7707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)