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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000026356**1. Corporation Name

NAME

STREET ADDRESS

ALL ELECTRONIC PARTS, INC.

Principal Place of Business Mailing Address					((SELECT IN THE STATE STATE SOME SOME STATE AND STATE	
124 W SR 434 124 W SR 434						
WINTER SPRINGS FL 32708 WINTER S US US		WINTER SPRINGS FL 32708 US	ITER SPRINGS FL 32708		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 03/30/1995	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21 26		26			59-3314349 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
27					5. Certificate of Status Desired Fee Required	
		City & State	k State		6. Election Campaign Financing \$5.00 May Be	
<u> </u>		28	Country		Trust Fund Contribution Added to Fees	
Zip			Country 30		8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No	
24	9. Name and Address of Curre		<u>ן ט</u>		10. Name and Address of New Registered Agent	
	3. Name and Address of Curre	nt Registered Agent	81	Name	10. Haine and Address of New Registeres Agent	
KLIMBERG, HOWARD J 117 BROOKSHIRE COURT WINTER SPRINGS FL 32708						
			82	Street Ad	ddress (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 registere						
office of 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		,				
CIGIATORE	Signature, typed or printed name of registered age		-	nt signature requ	uired when reinstating) DATE	
12.		OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD HOWARD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	447 PROOKOURE COURT		1.2 NAME			
STREET ADDRESS	WALTER ORDINGS EI		1.3 STREET			
CITY-ST-ZIP		☐ DELETE	1.4 CITY-S	T-ZIP	☐ Change ☐ Addition	
TITLE	ALIMBEDG CHOMID	- Deceie	2.1 TITLE		C outside C vocation	
NAME	447 PROCESSIES COURT		2.2 NAME			
STREET ADORESS	MARKETED CODMICO CI		2.3 STREET			
CITY-ST-ZIP			2. 4 CITY-S 3.1 TITLE	11-ZIP	☐ Change ☐ Addition	
NAME			3.2 NAME		<u> </u>	
STREET ADDRESS	#若不知為人為」 *		3.3 STREET	ADDRESS	<i>,</i> ,	
CITY-ST-ZIP	교육하다 환경인 1 시간 : 1 · · · · · · · · · · · · · · · · · ·		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change ♣ ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS	* *		4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME		j	
STREET ADDRESS	453		5.3 STREET	ŀ		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE	3 12	DELETE	6.1 TITLE		☐ Change ☐ Addition	

14. I 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90013 031 ***150.00