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 # **P95000046009**

TRANSPORT PARTS AND SERVICES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90027 017 ***150.00



2013 S.W. 31ST AVENUE PEMBROOK FL 33021		2013 S.W. 31ST AVENUE PEMBROOK FL 33021			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified			
					06/14/1995	•		
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
`	SW. 3IST AVENUE	26 2037 SW.	2037 SW. 31ST ANEAUE		65-0589367		Not Applicable	
Suite, Apt. i		Suite, Apt. #, etc.	3,3, 1		5. Certifcate of Status Desired		5 Additional Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24 330	Country 25	Zip 29 33009	Count	try	This corporation owes the current Personal Property Tax.	Yes Yes	□No	
	9. Name and Address of Currer	nt Registered Agent		:.T	10. Name and Address of New Reg	istered Agent		
HCH	ODI EDNECT			31 Name				
Liguori, ernest 2013 S.W. 31st avenue Pembrook Fl 33021					dress (P.O. Box Number is Not Acceptable)			
				34 City		FL "	Zip Code	
office or re agent. I ar	egistered agent, or both, in the State n familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Florida.	authorized t orida Statut	by the corporati	poration submits this statement for the pu on's board of directors. I hereby accept t	rpose of changing he appointment as	s registered	
	Signature, typed or printed name of registered age		13.	gent signature require	ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
12.	P OFFICERS AN	ND DIRECTORS	1.1 TITL		ADDITIONAL CHANGES TO OTTE	☐ Chan		
TITLE	LIGUORI, ERNEST E		1.2 NAM					
NAME							ł	
STREET ADDRESS	2013 S.W. 31ST AVENUE			EET ADDRESS			{	
CITY-ST-ZIP	PEMBROOK FL 33021 VP	☐ DELETE	2.1 TITL	-ST-ZIP		☐ Chan	ge	
TITLE		₽ DECE 12	2.1 III L					
NAME	MURAWSKI, ROBERT J 20 MONTESANO ROAD			EET ADDRESS	,			
STREET ADDRESS	FAIRFIELD NJ 07004							
CITY-ST-ZIP	PAINFIELD 143 07004	☐ DELETE	3.1 TITL	r-ST-ZIP		Chan	ge Addition	
TITLE			3.2 NAM	i			-	
NAME				EET ADDRESS				
STREET ADDRESS			- 1	Y-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITL			Char	ge	
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STREET ADDRESS				EET ADDRESS			į	
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NAME			5.2 NAM	E			ĺ	
STREET ADDRESS			5.3 STR	EET ADDRESS			j	
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			1	
TITLE		☐ DELETE	6.1 TITL	E	<u></u>	☐ Char	nge 🔲 Addition	
NAME			6.2 NAM	E			ţ	
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY ST. 7ID			6.4 CIT	·ST-ZIP				

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 in powered 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.

SIGNATURE: