

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000068317 (3)**

1. Corporation Name
SUNSET AUTO SUPPLY, INC.



Principal Place of Business: **14932 U.S. 19 NORTH HUDSON FL 34667**
Mailing Address: **14932 U.S. 19 NORTH HUDSON FL 34667**

3. Date Incorporated or Qualified: **08/31/1995**
3a. Date of Last Report
4. FEI Number: **59-1741897**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**DREW, KELLY
7249 ULMERTON ROAD
LARGO FL 34641**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: _____ Date: _____
Signature of registered agent or registered agent and officer: _____ Date: _____
Signature of registered agent, officer, or director: _____ Date: _____

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT, VICE	<input type="checkbox"/> DELETE
NAME	W.E. ERICKSON	
STREET ADDRESS	13735 MATTIX AVE.	
CITY-ST-ZIP	HUDSON, FL - 34667	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	P.F. LIETZMAN	
STREET ADDRESS	P.O. BOX 541	N/A
CITY-ST-ZIP	SAIPAN, M.I. - 96950	
TITLE	SEC/TREAS.	<input type="checkbox"/> DELETE
NAME	L. J. LIETZMAN	
STREET ADDRESS	13724 COX AVE.	
CITY-ST-ZIP	HUDSON, FL - 34667	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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AEB
5-1-96

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 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: *L. J. Lietzman* **Sec. Treas.** **4-9-96** **813-863-1583**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
L. J. LIETZMAN

CR2E034 (12/95)