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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P95000081259 (0)

AUTO PARTS TRADING COMPANY

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								I JADJODO INA IDRAI BILIN DONII DO	11.90104 1010	f (1810 (190		
1795 OLD DIXIE HWY VERO BEACH FL US			VE	1795 OLD DIXIE HWY VERO BEACH FL US			DO NOT WRITE IN THIS SPACE					
••								3. Date Incorporated or Qualified				
								10/19/1995				
2. Principal Place of Business			2a. 1	2a. Mailing Address				4. FEI Number	Applied For			
21			26	·				59-3345836		Not Applicable		
Suite, Apt.	#, etc.		27	·				5. Certificate of Status Desired Security Securi				
City & State	e		(City & State				Election Campaign Financing \$5.00 May Be				
23			28					Trust Fund Contribution		Adde	ed to Fees	
Žip	-	Country	· · · · · ·	Zip Cour			e. The corporation excels in the para the at					
24	[25]			29] 30				Personal Property Tax due June 30. Yes No				
g, Name and Address of Current Registered Agent							Name	10. Name and Address of New Heg	istered A	gent		
	CHUGH, JOI					81 Name						
333 17TH STREET SUITE U						12	Street Address (P.O. Box Number is Not Acceptable)					
VERO BEACH FL 32960						13						
							City		FL	85 Z	ip Code	
44 Durayant	to the econor	ope of Continue CO7	3600 and 605	1500 Clorida Plata	loo the obe		nomad age	poration or bails this statement for the a			a ita ragiotarad	
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 proved name of Koskered agent and title if at plicable (NOTE Registered Agent signature required when reinstaung) DATE												
							nt signature requir	ADDITIONS/CHANGES TO OFFICE	DATE EDG AND	DIRECT	OBS (N. 12	
12.	D	OFFICENS	AND DINE OT	DELETE	1.1 1010		<u> </u>	ADDITIONS/CHANGES TO OFFICE		Chang		
NAME	_	(I STEDHEN				1.2 NAME			,		,	
STREET ADDRESS	BOGUSKI, STEPHEN SOBRESS SOB LANE					1.3 STREET ADDRESS						
CITY-ST-ZIP		EACH FL 3296		1.4 CI			i i					
TITLE	TENO D	PUOLI LE OFSOM		DELETE	2.1 TITU		1-21			Chang	ie Addition	
NAME		•			2.2 NAM				,		,	
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					2.4 CIT							
TITLE				DELETE	3.1 TITLE		11-211			Chang	e Addition	
NAME				-	3.2 NAM						_	
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					3.4. CITY							
TITLE				DELETE	4.1 TITL					Chang	ge Addition	
NAME					4. 2 NAN	Æ						
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					4.4 CITY							
TITLE				DELETE	5.1 TITE			···		Chang	je Addition	
NAME					52 NAM	IE						
STREET ADDRESS					1		ADDRESS					
CITY-ST-ZIP					5.4 City		i					
TITLE				DELETE	61 IIIL					Chang	ge Addition	
NAME					62 NAM					·		
STREET ADDRESS					1		ADDRESS					
CITY-ST-ZIP					6.4 CITY							
0111-01-711	·				0.4 011 f	- 51	1-11					

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 altachment with an address.