


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

FILED

Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000094356 (9)					
1. Corporation Name AUTO ZONE PARTS, INC.					
Principal Place of Business 9599 PARL LANE PLANTATION FL 33324			Mailing Address P.O. BOX 15580 PLANTATION FL 33318-5580		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/06/1995	
21 20291 N.E. 30 Avenue		26 Suite, Apt. #, etc.		4. FEI Number 65-0634610	
22 #1-110		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Aventura, FL		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33180		25 USA		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ARMSTRONG, ROBERT L 9599 PARK LANE PLANTATION FL 33324			81 Name Kenneth C. Bronchick, Esq.		
			82 Street Address (P.O. Box Number is Not Acceptable) 100 W. Cypress Creek Road		
			83 Suite 910		
			84 City Ft. Lauderdale, FL		
			85 Zip Code 33309		
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 <i>Kenneth C. Bronchick</i> Kenneth C. Bronchick 3/25/97 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P <input checked="" type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME ARMSTRONG, ROBERT L			1.2 NAME		
STREET ADDRESS 9599 PARK LANE			1.3 STREET ADDRESS		
CITY-ST-ZIP PLANTATION FL 33324			1.4 CITY-ST-ZIP		
TITLE VPD <input type="checkbox"/> DELETE			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME KLETS, OLEG			2.2 NAME		
STREET ADDRESS 10781 CLEARY BLVD. 110			2.3 STREET ADDRESS 9599 Park Lane		
CITY-ST-ZIP PLANTATION FL 33324			2.4 CITY-ST-ZIP Plantation, FL 33324		
TITLE STD <input type="checkbox"/> DELETE			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME FILIPPOVA, VIKTORIA			3.2 NAME		
STREET ADDRESS 10781 CLEARY BLVD. 110			3.3 STREET ADDRESS 9599 Park Lane		
CITY-ST-ZIP PLANTATION FL 33324			3.4 CITY-ST-ZIP Plantation, FL 33324		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: <i>S. Bae</i> S. Bae 3/19/97 (954) 253-0231 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (9/96)