FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # P96000017580 (7) ALL TRAILER PARTS AND SERVICE. INC. Principal Place of Business Mailing Address 3936 NE 5 TERRACE 3938 NE 5 TERRACE FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0640528 Not Applicable Suite, Apt #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DUNWORTH, JACK 3938 NE 5 TERRACE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33334 83 City 84 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 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 printed name of regulated agent and tills if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE DUNWORTH, JACK NAME 1.2 NAME 3940 NE 5TH TERRACE 3938 NE 5 TERRACE STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33334 CITY - ST - ZIP 1.4 City-ST-ZIP DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 City - ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 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 - ST - ZIP DELETE Change ___ Addition 5.1 TITLE TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS

CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling 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 amount 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

6.4 CITY-ST-ZIF

SIGNATURE:

4-9-98

954-537-9500