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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04, 1999 8:00am

Secretary of State

7/2-0330

02-04-1999 90005 032 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000027906

STREET ADDRESS

CITY-ST-ZIF

ALL PARTS, INC.

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Principal Plac	ce of Business	-	M	ailing Address										
	HWAY 19 NORTH			971, US HIGHWAY 19, N	ORTH								1 . · · ·	
SUITE 311				ITE 311	, ,	00.4	T WOITE	N TUIC C	PACE	() 棒车				
CLEARWATER FL 34625 US			US	EARWATER FL 34625	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified						1			
US	. v'	•	us					03/26/1	•	adamed .			-	1
										<u> </u>		114		4
2. Principal F	Place of Business	•	2a.	Mailing Address				4. FEI Numb	•	,		_ 	oplied For	13
21			26					59-336	(U16	- 1-2			ot Applicable	46
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired						
22			27					-					 	4
City & State				City & State	6. Election Campaign Financing \$5.00 May Be						.			
23			28					Trust Fun	d Contributio	n	.	Added	to Fees	1
Zip		Country		Zip	Cou	ıntry		8. This corp	oration owes	the current	year Intai	ngible		İ
24	25		29		30			Personal	Property Tax		. 1	Yes	□No	_
	9. Name and	Address of Current	Regis	itered Agent				10. Name an	d Address o	f New Reg	istered A	gent		1
		COMMAN		1 2 X X CT		81	Name			1 - '				
	DREW H YAUCH	•				1	044.6.44	(D.O. Day N		Atable				-{
219	71 US HIGHWAY	' 19 North				82	Street Addi	ress (P.O. Box N	umber is Not	Acceptable	,			
SUF	TE 311	ž.				83		- 1.5	ZIPIKEY	150	1655	1 K 1 ()	100 100	1
CLE	ARWATER FL 34	1625	•					177	9 a 13 (11) (11)	[5] [4]	3. 销售电	自持任何	46 独特	_
		•				84	City		= 110: 3 410	10.11.01.01		85 Zip	Code	
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CLC/agent: I a	am familiar with, an	d accept the obligati	ons of	, Section 607.0505, Flo	orida Stat	utes.							*	1
US SIGNATURE			10											
SIGNATORE	Signature, typed or print	ed name of registered agent	and title	if applicable. (NOT)	E: Registere	i Agen	t signature require	ed when reinstating),			DATE			┧;
12. 🤔		OFFICERS AND	DIRE		13.				S/CHANGES	TO OFFIC	ERS AND			4 .:
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STREET ADDRESS	21971 US HIG	HWAY 19 NORTH			1.3 S	TREET	ADDRESS				•	•		;
CITY-ST-ZIP	CLEARWATER	FL			1.4 C	ITY-\$1	-ZIP		2					
TITLE	CEOP	*		DELETE	2.1 T	ΠLE						Change	☐ Addition] '
NAME	KHALIEL AHM	ED HASSIM			2.2 N	AME			,					
		ORN AVE, EXT 9					ADDRESS						•	
STREET ADDRESS					1									ļ
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6.3 STREET ADDRESS

6.4 CITY-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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.