## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000041729 (0)

PAR AUTO SALES, INC.

FILED 97 SEP 23 PM 1:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address									
700 SO FEDERAL HIGHWAY STUART FL 34994		700 SO FEDERAL HIGHWAY STUART FL 34994			DO NOT WRITE	IN THIS SF	ACE.		
						3. Date Incorporated or Qualified	3a. Date	of Last R	teport
	·					05/15/1996			
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEL Number 65-0666411			optied For ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, ctc.			5. Certificate of Status Desired		•	Additional equired	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Da	
23		28				6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution  Added to Fees			
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has pa	id the curre		
24	25 29 30		30		w - b	Personal Property Tax due June	30.	Yes [	⊒ No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered Aç	jent	
	siello, robert			81	Name				
	SO FEDERAL HIGHWAY JART FL 34994			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	-	
310	MAN I CL 34554		ŀ	83		· · · · · · · · · · · · · · · · · · ·			
			-	84	City			oc Zin i	Code
					•			,	
- Othee or re	to the provisions of Sections 607.0502 egistered agont, or both, in the State om familiar with, and accept the obligat	at Horida, Such chanco was	authorizoo	l bu t	named corpo he corporation	oration submits this statement for the p on's board of directors. I hereby accep	urpose of c it the appoi	nanging it ntmont as	s registered registered
SIGNATURE									
	Signature, typod or printed name of repistered agent			Agent	signature require	d when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC		<del></del>	
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NAME	MASIELLO, ROBERT			ME					
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NAME *	MASIELLO, ROBERT		2.2 NA						
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14. I do hereby certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I turner certify that the information indicated on this annual report or supplemental annual report is the end accurate and that my signature shall have the same legal offect as it hade under eath; that I am an officer or director of the corporate or the receiver or trusted employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of that do, or on an attachment with a didress. 0/10/00