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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000067243 (1) NORLD WIDE AUTO PARTS, INC.

Principal Place of Business

Mailing Address

FILED Jun 09 1997 8:00am Secretary of State



HOLLYWOOD	STREET FL 3302 1		FRCE STREET OOD FL 33021-578	36						
<i>y</i>							3. Date Incorporated or Qualific 08/09/1996		of Last R	leport
	Place of Business	2a. Mail	2a. Mailing Address				4. FEI Number		IAI	pplied For
21 Suite Ant		26	26				4. FEI Number 68 759	' /		ol Applicable
Suite, Apt.	#, etc.	Suite	e, Apt. #, etc.						\$8.75	Additional
Suite, Apt.		27					5. Certificate of Status Desired	L	•	equired
City & Stat	ė	City	& State		·		6. Election Campaign Financing	 1	\$5.00	May Be
23 Zip		28					Trust Fund Contribution			to Fees
	· Count	Country Zip , Co			itry		8. This corporation has liability for intangible tax under s. 199.032,			
24 🙀	25	29		30		ı	Florida Statutes	☐ Yes ☐		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9. Name and Addre	ess of Current Registered	Agent	<u></u>			10. Name and Address of New	Registered A	jent	
MUL	JUN, JAMES G				31 Nam	ne				
226 3	NW BOCA RATON	BLVD.		82 Street Addre			s (P.O. Box Number is Not Accep	table)		
	XA RATON FL 33431			-	33					
en de la companya de La companya de la co				1	34 City			FL	85 Zip (Code
11. Pursuant	to the provisions of Sec	tions 607 0502-and 607 15	08 Florida Statute	e the ah	We-Dame	nd cornor	ation submits this statement for th	F L	beneine it	lo ropintarod
office or r	egi ster ed agent, or bott	h, in the State of Florida. Su	uch change was a	ulhorized	by the c	orporation	allori submits this statement for the	cept the appoi	ntment as	registered
	ım tamiliar with, and acc	ceptatic obligations of, Sec	tion 607.0505, Flo	rida Statu	tes.		3/8/2-			
SIGNATURE							3/9/97			
12.		o of registered agent and tire if applic DFFICERS AND DIRECTOR:		Registered	Agent signat	ture required	when reinstating) ADDITIONS/CHANGES TO OF	DATE.	VIDEOTOE	20 151 40
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NAME				6.2 NAM						
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ia. ⊦do nereb	Jy certiiv that the inform	ation supplied with this filin	ia aces voct autikliv	/ for the e	remidion	i stated in	Section 119 07(3)(i) Florida Stati	itee I fuither e	artify that i	tho

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 foceiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 1