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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000077234 (8)

M&P TRUCK PARTS.INC.

CIGNATURE:

## FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3700 S.W. 47TH AVENUE 3700 S.W. 47TH AVENUE DAVIE FL 33314 DAVIE FL 33314 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0697646 Not Applicable 21 26 Suite. Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country 29 Personal Property Tax due June 30. 24 25 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DANIELLE, MICHAEL 3700 S.W. 47TH AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **DAVIE FL 33314** City 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 registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE SCHOOLDEN, PAUL NAME 1.2 NAME 7511 JUNIPER ST STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE DANIELLE, ROSEMARIE 2.2 NAME NAME 4150 SW 47TH AVE 2.3 STREET ADDRESS STREET ADDRESS DAVIE FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME MALIE 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5:3-STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 apprecia

1215