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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000096335 (0)

1. Corporation Name

LEGENDS AUTO PARTS, PAINTS & ACCESSORIES, INC.



Principal Place of Business

1230 HYPOLUXO ROAD
HYPOLUXO FL 33462

Mailing Address

1230 HYPOLUXO ROAD
HYPOLUXO FL 33462-4224

3. Date Incorporated or Qualified

11/26/1996

3a. Date of Last Report

2. Principal Place of Business

21 820 N. 8th Street.

Suite, Apt. #, etc.

22 Unit # 1

City & State

23 Lantana FL.

Zip

24 33462

Country

25 USA.

2a. Mailing Address

26 820 N. 8th Street.

Suite, Apt. #, etc.

27 Unit # 1

City & State

28 Lantana FL.

Zip

29 33462

Country

30 USA.

4. FEI Number

65-0711191

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CASELLA, VINCENT
1230 HYPOLUXO ROAD
HYPOLUXO FL 33462

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

820 N. 8th Street.

83 Unit # 1

84 City

Lantana

FL

85 Zip Code

33462

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

Vincent Casella

VINCENT CASELLA.

2/18/97.

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE

NAME VINCENT CASELLA.

STREET ADDRESS 6697 FLORIDA DRIVE

CITY-ST-ZIP LANTANA, FL. 33462

TITLE VICE PRESIDENT ☐ DELETE

NAME MIKE CASELLA.

STREET ADDRESS 820 N. 8th ST. SUITE # 1

CITY-ST-ZIP LANTANA, FL. 33462

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME VINCENT CASELLA.

1.3 STREET ADDRESS 6697 FLORIDA DR.

1.4 CITY-ST-ZIP LANTANA, FL 33462

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME MIKE CASELLA.

2.3 STREET ADDRESS 820 N. 8th ST. UNIT # 1

2.4 CITY-ST-ZIP LANTANA, FL. 33462

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

Vincent Casella

VINCENT CASELLA.

2/18/97

561-582-7115

(Signature and typed or printed name of signing officer or director)

Daytime Phone # 0000789

CR2E034 (9/96)