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

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1997

appears in Block 12 or Block 13 if

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra P. Morth&m

Secretary of Street DIVISION OF CORPORATIONS

DOCUMENT # P96000101973 (1)

ALL FOREIGN & DOMESTIC USED AUTO PARTS, INCORPOR ATED

| 17421 E COLONIAL DR ORLANDO FL 32820 | | | 17421 E COLONIAL DR ORLANDO FL 32820-2210 | | | | | | | |
|---|---|-----------------------------------|--|---|-------------------------|--|-------------|-----------------------------------|----------------------------|--|
| | | | | | | 3. Date Incorporated or Qualified 12/11/1996 | 3a. D | ate of Last He | eport | |
| 2. Principal P | lace of Business | 2a. Mailing Address | 2a. Mailing Address | | | 4. FEI Number | | T Ap | pplied For | |
| 21 | | 26 | 26 | | | 593414942 | | <u> </u> | t Applicable | |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | ├ ── | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| City & State | 3 | City & State | City & State | | | 6. Election Campaign Financing | | | | |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees | | | | |
| Zip | Country | Z(p | <u></u> ⊢-ı | Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | | |
| 24 | 25 g. Name and Address of Cu | [29] | 30 | Florida Statutes Yes 10. Name and Address of New Registered A | | | | | | |
| DIIDA | | item negistated Agent | | 81 | Name | 10. Name and Address of New Ne | gistereu | Ageill | | |
| | NS, PAUL M 1 E COLONIAL DR | | | | | | ****** | | | |
| | NDO FL 32820 | | 82 Street Add | | Street Ad | dress (P.O. Box Number is Not Acceptat | ole) | | | |
| ONL | WIDO IL SEGEU | | | 83 | | The second secon | | | | |
| | | | | | | | | | | |
| V | | | | 84 | City | | FŁ | 85 Zip (| Code | |
| office or r | to the provisions of Sections 607, egistered agent, or both, in the S m familiar with, and accept the o | tate of Florida. Such change w | vas authorize | ed by | the corpor | rporation submits this statement for the patients at all all submits the properties of the state | ourpose c | of changing it pointment as | s registered registered | |
| SIGNATURE | Signature, typed or printed name of registere | d agent and title if applicable | (NO) E: Registere | ed A ge | nt signature rec | puired when reinstating) | DATE | | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | |
| TITLE | D | ☐ DELETE | 1.11 | HILE | | | • | L Change | Addition | |
| NAME | BURNS, PAUL M | | 1.2 N | MAME | | | | | | |
| STREET ADDRESS | 1438 CHICKASAW TRAIL | | 1.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | ORLANDO FL 32825 | Prince | 1.4 COY- \$1-7IP | | 1-2IP | | | <u> </u> | - Lun | |
| TITLE | | DELETE | | | | | | Change | Addition | |
| NAME | | | | NAME | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 2 4 C(1) Y · S1 - 2) P DELETE 3 1 TITLE | | 1-2IP | | | Change | Addition | |
| NAME | | | | 3.2 NAME | | | | L. Change | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | CITY-S | | | | | | |
| TITLE | | DELLTE | | | | | | ☐ Change | Addition | |
| NAME i | | | 4.2 | NAME | | | | _ | | |
| STREET ADDRESS | | | 4.3 9 | STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 4.4 (| CITY S | I - Z (F | | | | | |
| TITLE | | | DECETE 5.1 TUTLE | | | | | Change | Addition | |
| NAME | | | 5.2 N | NAME | | | | | | |
| STREET ADDRESS | | | 5.3 9 | STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 5.4 (| CHY-S | T - ZIP | | | | | |
| TITLE | | ☐ DELFTE | 6.1] | TITLE | | | | Change | Addition | |
| NAME | | | 6.2 1 | NAME | | | | | | |
| STREET ADDRESS | | | 6.3 9 | STREET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | CITY-S | | | | | | |
| 14. I do herel | by certify that the information sup on indicated on this annual report | plied with this filing does not q | qualify for the | e exe | mption stat | ed in Section 119.07(3)(i), Florida Statuto nat my signature shall have the same loga | s. I furthe | er certify that | the decoath: that | |
| l am an o | fficer or director of the corporation | on or the receiver or leastee em | powered to | exec | ute this rec | ort as required by Chapter 607, Florida S | Statutos; | and that my r | name | |