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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000101973 (1)

FILED May 05 1998 8:00am Secretary of State

ALL FOREIGN & DOMESTIC US ATED	ED AUTO PARTS, IN	CORPOR		
Principal Place of Business	Mailing Address		* ************************************	LAIAL HIBIA IBIN IKASA (IH HASI
17421 E COLONIAL DR 17421 E COLONIAL DR				
ORLANDO FL 32820	ORLANDO FL 32820)	DO NOT WRITE IN THIS	SPACE
•			3. Date Incorporated or Qualified	
			12/11/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3414942	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State		6 Floring Companies Financia	
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the c	···
24 25	29	30	Personal Property Tax due June 30.	Yes No
9, Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	d Agent
BURNS, PAUL M		81 Name		
17421 E COLONIAL DR		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32820		83		
•				
		84 City	F	85 Zip Code
Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli-	502 and 607.1508, Florida Si te of Florida. Such change w gations of, Section 607.0505	latutes, the above-named covas authorized by the corpora b, Florida Statutes.		
SIGNATURE				i
Signature, typed or printed name of ragistated a		(NOTE: Registered Agent signature req		ID DIDECTORD IN 40
12. OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME BURNS, PAUL M	<u> </u>	1.2 NAME		
STREET ADDRESS 1438 CHICKASAW TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL 32825		1.4 CITY-ST-ZIP		ľ
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
City-sy-zip		2, 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		1
STREET ADDRESS		3.3 STREET ADDRESS		
CATY-ST-ZIP	DELETE	3.4 CITY-ST-ZIP		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 City-St-ZiP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY+ST-ZIP		
TITLE				
	☐ DELETE	6.1 TITLE	7.00	Change Addition
NAME	DELETE	6.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	DELETE			Change Addition

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 oats; 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 chapted. It on an attachment with an address.

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