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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103416 (9)

R.D. AUTO PARTS WHOLESALE CLUB, INC.

FILED
Apr 21 1997 8:00am
Secretary of State

	 	

6955 HANGING SUITE 110 ORLANDO FL 3		6955 HANGING MOSS ROAD SUITE 110 ORLANDO FL 32807-5362							
					3. Date Incorporated or Qualified 12/20/1996	3a. Date of Last R			
2. Principal Place of Business 28. Mailing Address 26 6955 Hang N				Moss Rd.	4. FEI Number 59 - 3430843	No	plied For at Applicable		
Sulte, Apt. #, etc. Suitc, Apt. #, etc. 27 SHC 110			<i></i>		5. Certificate of Status Desired	\$8.75 / Fee Re			
City & State	ndo, Fl	28 Orlando, Fl			Election Campaign Financing Trust Fund Contribution	\$5.00 Added	to Fees		
24 32 80			Counti o U・			Yes No	. 199,032,		
NEU	9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New Reg	gistered Agent			
	DELLENGER, ROBERT				ine				
	6955 HANGING MOSS ROAD SUITE 110				Address (P.O. Box Number is Not Acceptable)				
	ANDO FL 3280-1		8	3					
			84	4 City	A - A - 1 - A - A - A - A - A - A - A -	85 Zip	Code		
				' '		FL j i i			
l office or r	egistered agent, or both, in the State of m familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized b da Statuti	ov the corporatio	oration submits this statement for the pron's board of directors. I hereby accept	of the appointment as	registered		
12.	OPTICERS AND	CANADA ANTON MARKET TO THE TOTAL TO THE TOTAL TO	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	IS IN 12		
TITLE	D	DELETE	1.1 THLE			☐ Change	Addition		
NAME	DELLENGER, ROBERT	1 HTT 446	1.2 NAME						
STREET ADDRESS				E1 ADDRESS					
CITY-\$T-ZIP	ORLANDO FL 32807	DELETE	1.4 CHY- 2.1 THLE			Change	Addition		
TITLE		L. peter	2 2 NAME			☐ Change	L_J Addition		
STREET ADDRESS	,			E1 ADDRESS					
CITY-ST-ZIP			2 4 City						
TITLE		DELETE	31 HTLE			Change	Addition		
NAME			3.2 NAME	:					
STREET ADORESS				ET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3 4. CITY 4 1 TITLE			Change	Addition		
NAME		☐ ptrrit	4 1 IIILE			L. J Onninge	LJ ROGHIOT		
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			4.4 CITY						
TITLE		DELETE	5 1 TITLE			☐ Change	Addition		
NAME			52 NAME						
STREET ADORESS			5.3 STAF	ET ADDRESS					
CITY-ST-ZIP		DELETE.	5.4 CITY				tatai:		
TITLE		☐ DELETE	61 TITLE			Change	Addition		
NAME OVOCCY ADDRESS			6.2 NAME						
STREET ADDRESS				FT ADDRESS					
CITY-ST-ZIP		21 21 22	64 CITY	- 21 · ZII'	:- 01 440 67/0//) F11 0		N .		

4. 1 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 logal 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.