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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	IVIEIN I # <b>\$4896</b> IS AUTO PARTS, INC.	9 (7)					
İ							
Principal Place of Business Mailing Address							
1030 S. AMELIA DELAND FL 32738		FOSTER AUTO PARTS. INC 1388 TIMBERCREST DR. DELTONA FL 32738-5180					
					3. Date Incorporated or Qualified 04/23/1991	3a. Date of Last F 01/19/1996	Report
2. Principal Place of Business 2a. Mailing A 25		2a. Marling Address	SS		4. FEI Number 59-3072098		pplied For ot Applicable
Suite, Apt. #, etc Suite, Apt. #, etc		Suite, Apt. #, etc.				_ \$9.75	Additional
22 27		27	17		5. Certificate of Status Desired		equired
City & Stat	ė	City & State	<u> </u>		6. Election Campaign Financing	\$5.00	May Be
23 Z <sub>I</sub> O	Country	28   Zip	Country		Trust Fund Contribution		to Fees
24	25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Cur				10. Name and Address of New R		
FOSTER, ALEX							
	TIMBERCREST DR.		82 Street Addre		ess (P.O. Box Number is Not Accepta	ble)	
DELTONA FL 32738			83		· · · · · · · · · · · · · · · · · · ·		
			63				
			84 0	ity		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607 1508, Florida Statute	:s, the above-n	med corp	pration submits this statement for the		ts registered
office of r agent. La	registered agent, or both, in the St im familiar with, and accept the ob	ate of Florida. Such change was a digations of, Section 607.0505. Flo	uthorized by th rida Statutes.	e corporati	pration submits this statement for the on's board of directors. I hereby acce	ipt the appointment as	registered
SIGNATURE							
12.	Signature, typed or printed name of registeros  OFFICERS	Pagent and tille if applicable. (NOTE AND DIRECTORS	Registered Agent s	gnature require	d when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTOR	35 IN 12
TITLE	STD	☐ DELETE	1,1 TITLE		11251110110707111110201101111	Change	Addition
NAME	FOSTER, LINDA J.		1,2 NAME				_
STREET ACCISESS	1388 TIMBERCREST		1 3 STREET ADO	RESS			
CITY-ST-ZIP	DELTONA FL		3 4 CITY - ST - ZI	P			
TITLE	PD	DELETE	2.1 TITLE			Change	Addition
NAME .	FOSTER, ALEX		2.2 NAME				
STREET ADDRESS	1388 TIMBERCREST		2.3 STREET ADDRESS				
CITY - ST - Z:P	DELTONA FL		2.4 CITY+ST+Z/P 3.1 TITEE			Change	Addition
TITLE NAME		☐ DELESE				Change	☐ Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADD	5556			
CITY - ST - ZIP			3.4. C(T) - ST - Z				
TITLE		☐ DSLETE	41 TITLE	<u>'                                    </u>	· · · · · · · · · · · · · · · · · · ·	Change	Addition
MAME			4 2 NAME				
STREET ADDRESS			4.3 STREET ADD	RESS			
CITY-ST-ZIP			4.4 C(TY - ST - Z)	,			
TITLE		☐ DELETE	5.1 T(TLE			☐ Change	Addit on
NAME			5.2 MAME				
STREET ADDRESS			5.3 STREET ADD	RESS			
CITY+ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY - ST - ZI	·		<del></del>	
TITLE	• • • • • • • • • • • • • • • • • • •	∐ DÉLETE	6.1 TITLE			∟ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADD				ļ

I do hereby certify that the information supplied with this fitting 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 cath, 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.