## FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 07 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortfiam ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT # 'V11218** UNLIMITED INSTITUTIONAL PARTS, INC. Principal Place of Business Mailing Address P.O. BOX 8014 P.O. BOX 8014 INDIAN RIVER SHORES FL 32963 INDIAN RIVER SHORES FL 32963 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>01/31/1992</u> 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 31-1357303 Not Applicable 21 26 Suite Apt # etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 5. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 24 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BARKETT, BRUCE OBERT GEISSBUHLEA 756 BEACHLAND BLVD VERO BEACH FL 32963 SNORES Sections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered body in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered peept the obligations of Section 607.0505, Florida Statutes. Geissbuhler (NOTE Registered Age ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 Change Addition DELETE 1.1 TOLE TITLE GEISSBUHLER, J.R. 12 NAME NAME GEITE BUHLER 641 S TOMAHAWK TR 1.3 STREET ADDRESS STREET ADDRESS 8 ERMUDA INDIAN RVR SHORES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP ☐ DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE

14. Thereby 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 armual report or supplemental armual 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 J.R. Gierschuhler 3-5-98

6.3 STREET ADDRESS

6.2 NAME

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: