

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 PH 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V31788 (3)

1. Corporation Name

Westshore Auto Parts, Inc

300001483203
-05/10/95--01106--005
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business

4215 NORTH WESTSHORE BLVD
TAMPA FL 33614

Mailing Address

4419 N WESTSHORE BLVD
TAMPA FL 33614
US

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business

21 4419 N. Westshore Blvd

2a. Mailing Address

26

4. FEI Number

59 3119830

Applied For

Not Applicable

22 Tampa

City & State

27

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Tampa FLA

City Country

28

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 33614

251 Hills

29

301

8. This corporation has liability for intangible tax under S. 199.032
Florida Statutes YES NO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MYERS, ERIC
4419 N WESTSHORE
TAMPA FL 33614

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607 0502 and 607 1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607 0505, Florida Statutes.

SIGNATURE

[Signature]

NOTE: Registered Agent signature required when reinstating.

DATE

4-27-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PD
2. NAME MYERS, ERIC
3. STREET ADDRESS 4215 N. WESTSHORE BLVD
4. CITY, ST, ZIP TAMPA FL 33614

1.1 TITLE Change Addition
1.2 NAME
1.1 STREET ADDRESS 3219 SAN CARLOS ST.
1.1 CITY, ST, ZIP TAMPA, FL 33629

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), 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 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95

Date

813 8724 293

Corporate File #

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

1995 APR 21 9:14

500001475735
-05/04/95--01052--001
****400.00 ****200.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morburn
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # V31924 (6)

1. Corporation Name:
FFC PROPERTIES, INC.

Principal Place of Business: **4040 SHERIDAN STREET HOLLYWOOD FL 33021**

Mailing Address: **4040 SHERIDAN STREET HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified: **04/28/1992**

3a. Date of Last Report: **04/27/1994**

4. FEI Number: **65-0327106**

Applied For: Applied For Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. The corporation has liability for intangible tax under S. 199 U.S.C. Florida Statutes: Yes No

2. Principal Place of Business: **2501 Hollywood Boulevard Suite 220 Hollywood, Florida 33020 (305) 920-1802**

2a. Mailing Address: **2501 Hollywood Boulevard Suite 220 Hollywood, Florida 33020 (305) 920-1802**

21. State, Apt. #, etc.

22. City & State

23. City & State

24. City & State

25. City & State

26. State, Apt. #, etc.

27. City & State

28. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

**SCHWARTZ, JOSEPH L.
4040 SHERIDAN STREET
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City

B5. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
111 TITLE: VPO	112 NAME: GRANT, PETER	111 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
113 STREET ADDRESS: 5959 HOLLYWOOD BLVD. HOLLYWOOD FL	114 CITY, ST, ZIP: HOLLYWOOD FL	113 STREET ADDRESS: 2501 HOLLYWOOD BLVD. STE. 220	114 CITY, ST, ZIP: HOLLYWOOD, FL 33020
111 TITLE: SD	112 NAME: SREBRENK, BURT	111 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
113 STREET ADDRESS: 5959 HOLLYWOOD BLVD. HOLLYWOOD FL	114 CITY, ST, ZIP: HOLLYWOOD FL	113 STREET ADDRESS: 2501 HOLLYWOOD BLVD. STE 220	114 CITY, ST, ZIP: HOLLYWOOD, FL 33020
111 TITLE: VPO	112 NAME: SREBRENK, PAM S	111 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
113 STREET ADDRESS: 5959 HOLLYWOOD BLVD HOLLYWOOD FL	114 CITY, ST, ZIP: HOLLYWOOD FL	113 STREET ADDRESS: 2501 HOLLYWOOD BLVD. STE 220	114 CITY, ST, ZIP: HOLLYWOOD, FL 33020
111 TITLE:	112 NAME:	111 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
113 STREET ADDRESS:	114 CITY, ST, ZIP:	113 STREET ADDRESS:	114 CITY, ST, ZIP:
111 TITLE:	112 NAME:	111 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
113 STREET ADDRESS:	114 CITY, ST, ZIP:	113 STREET ADDRESS:	114 CITY, ST, ZIP:
111 TITLE:	112 NAME:	111 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
113 STREET ADDRESS:	114 CITY, ST, ZIP:	113 STREET ADDRESS:	114 CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(3)(b), Florida Statutes. I further certify that the information included 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 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 of this filing. If a change is made, an attachment with an address

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95

305 920-1802