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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V39474

(4)

PACE AUTO PARTS, INC.

Principal Place of Business

Mailing Address

FILED May 01 1997 8:00am Secretary of State

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4418 HIGHWAY 90 PACE FL 32571		4418 HIGHWAY 90 PACE FL 32571-2040			
				3. Date Incorporated or Qualified 06/01/1992	3a. Date of Last Report 05/21/1996
2. Principal Place of B	Business	28. Mailing Address		4. FEI Number	Applied For
21		26		59-3126781	Not Applicable
Sulte, Apt. #, etc.		Suste, Apl. #, etc.			\$9.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	L. Added to Fees
Zip	Country	Zip r::::1	Country	B. This corporation has liability for i	
24	[25]	29	30		Yes No
	me and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
BATES, JAN			O Name		
4418 HIGH			82 Stree	1 Address (P.O. Box Number is Not Acceptab	ole)
PACE FL 32	2571		83		
			83		
			84 City		85 Zip Code
11. Pursuant to the prooffice or registered agent. I am familia	ovisions of Sections 607.05 diagent, or both, in the Stat triwith, and accept the obli	02 and 607.1508, Florida Sta to of Florida Such change wa gations of, Section 607.0505,	lutes, the above-name is authorized by the co	d corporation submits this statement for the p reporation's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered
SIGNATURE	typed or printed name of registered a		IO16 Repistered Agent signatur	re (Stuired when renetation)	DATE
12.		ND DIRECTORS	I 13.	ADDITIONS/CHANGES TO OFFIC	
TITLE DP		DELETE	1.1 TITLE		CERS AND DIRECTORS IN 12 Change Addition
	S, JAMES H.		1.2 NAME		4
	GERI STREET		1.3 STREET ADDRESS	:	[8]
	ON FL		1.4 CITY - ST - ZiP		P2E034
TITLE DST		DELETE	217011		Change Addition O
	LETON, BARBARA J.		2.2 NAME	1	
	GERI STREET		2.3 STREET ADDRESS	:	
CITY-ST-ZIP MILTO			2. 4 CITY+ S1 - ZIP		
TITLE DV		DELETE	3.1 ToTLE	40 / 61 / 61 / 61 / 61 / 61 / 61 / 61 / 6	Change Addition
NAME COOK	(, JAMES SCOTT	•	3.2 NAME		
	LIVE OAK LANE		3.3 STREET ADDRESS	;	
CITY-ST-ZIP PACE			3.4. CHY+S1+Z4P		
TITLE D	···-	DETETE	4 1 TOLE		Change Addition
NAME COOL	(, MICHAEL CRAIG		4 2 NAME		
	GER ST		4.3 STREET ADDRESS	<u> </u>	
CITY-ST-ZIP MILTO			4.4 CHY - S1 - ZIP		ļ
TITLE		DELETE	511016	***************************************	Change Addition
NAME		_	5.2 NAME	1	
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIF		
TITLE		DELETE	6171116		Change Addition
NAME			6.2 NAME		noundi
STREET ADDRESS	•		6.3 STREET ADDRESS	, [
CITY-ST-ZIP	e			1	
			6.4 CHY-S1-7IP	stated in Section 119.07(3)(i), Florida Statute	

I have been that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. 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.