

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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L96453** (0)
1. Corporation Name
INTERNATIONAL BUS & PARTS, INC.

Principal Place of Business Mailing Address
2055 SPRINT BOULEVARD, SUITE D **2055 SPRINT BOULEVARD, SUITE D**
SUITE D **P O BOX 1009**
APOPKA FL 32703 **APOPKA FL 32704-0009**
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 **2055 Sprint Blvd.** 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Apopka, Florida** 28 Zip Country 29 Zip Country 30
24 **32703** 25 **US**

3. Date incorporated or Qualified **08/29/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3026223** 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CENTER, FOR P SERVICE
16 WEST PINE ST.
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name **Vincent A. Runfola**
82 Street Address (P.O. Box Number is Not Acceptable) **544 Spring Hollow Blvd.**
83 City **Apopka, FL** 85 Zip Code **32712**

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 Vincent A. Runfola **President** **3-10-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	RUNFOLA, VINCENT A.
STREET ADDRESS	544 SPRING HOLLOW BLVD.
CITY-ST-ZIP	APOPKA FL
TITLE	DST
NAME	RUNFOLA, ANITA L
STREET ADDRESS	544 SPRING HOLLOW BLVD.
CITY-ST-ZIP	APOPKA FL
TITLE	P
NAME	RUNFOLA, VINCENT A
STREET ADDRESS	544 SPRING HOLLOW BLVD.
CITY-ST-ZIP	APOPKA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(4), 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: Anita L. Runfola **Anita L. Runfola** **2/27/95** **407-880-9700**
Signature and typed or printed name of signing officer or director Date Chapter 13 form #