

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

**FILED**  
**May 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F97000006486 (1)**  
 1. Corporation Name  
**AARON'S AUTOMOTIVE PRODUCTS, INC.**



Principal Place of Business <b>2600 NORTH WESTGATE SPRINGFIELD MO 65803</b>	Mailing Address <b>2600 NORTH WESTGATE SPRINGFIELD MO 65803</b>
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/09/1997</b>		4. FEI Number <b>95-4487801</b>		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.**  
**526 E. PARK AVENUE**  
**TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

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 607.1508, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD PERKINS, STEPHEN J 900 OAKMONT LANE, SUITE 100 WESTMONT IL 60559</b>	<input type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS KENT, JOHN C 900 OAKMONT LANE, SUITE 100 WESTMONT IL 60559</b>	<input type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WEHR, JAMES R 2600 NORTH WESTGATE SPRINGFIELD MO 65803</b>	<input checked="" type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOS HARPER, CHARLES L 2600 NORTH WESTGATE SPRINGFIELD MO 65803</b>	<input type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS HARDY, MARK C 1800 CENTURY PARK EAST, SUITE 1000 LOS ANGELES CA 90067</b>	<input checked="" type="checkbox"/>	DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROEDER, RICHARD K 1800 CENTURY PARK EAST, SUITE 1000 LOS ANGELES CA 90067</b>	<input checked="" type="checkbox"/>	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<input type="checkbox"/>	Change
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/>	Change
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>PRESIDENT KENNETH A BEAR 2600 N. WESTGATE SPRINGFIELD MO 65803</b>	<input type="checkbox"/>	Change
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>CFO &amp; ASST SECR.</b>	<input checked="" type="checkbox"/>	Change
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>SECRETARY &amp; V.P JOSEPH SALAMUNOVICH 900 OAKMONT LN, STE 100 WESTMONT IL 60559</b>	<input type="checkbox"/>	Change
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/>	Change

14. I hereby 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 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: Joseph Salamunovich 4/21/98 630-455-6000

CR2E034 (10/97)