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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

L	1997	DIVISION OF CO	PRPORATIONS		2
	MENT # J69122 AY TIRE AND PARTS, INC.	(6)			ANDNI ANDNI ANDRIK BIBLIK BIBLIK BIBLIK BIBLIK
Principal Place	e of Business	Mailing Address		I INDICE ALLA ALLA INTELLIBRATIONA HACA MALL	Brikis Asiasi midit mizesi midit mibit indi
1301 SW 2 ST POMPANO BCH FL 33069		1301 SW 2 ST POMPANO BCH FL 33069-32	11	,	
US		US		3. Date Incorporated or Qualified 04/23/1987	3a. Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	#. etc	Suite, Apt. #, etc.		59-2844234	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	f!	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Ζφ	Country	28	Country	Trust Fund Contribution 8. This corporation has liability for i	Added to Fees
24	25		0		Yes No
	9, Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	lstered Agent
	NICK, ANDREW		81 Name	·	
1301 SW 2 ST POMPANO BCH FL 33069			62 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
1 0111	ii riito poit i E oood		83		
			84 City		85 Zip Code
11. Pursuant t office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida, Such change was au	s, the above-named corp thorized by the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Signarine (grant or printed name of registered age	re and tille if applicable (NOTE	Registered Agent signature requir	ed when reinstating)	DATE
12.	OF FICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	HRENICK, ANDREW	☐ DELETE	1.1 TITLE 1.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	7931 REDWOOD LANE		1.3 STREET ADDRESS	,	
City-St-Zi ²	PARKLAND FL		1.4 CITY-ST-ZIP		
T(I,E	The state of the s	☐ DELETE	2.1 TITLE		Change Addition
NAME:			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-ST-7IF		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET AUDRESS			3.3 STREET ADDRESS		
CHTY - ST - Z6*		Librate	3.4. CITY-ST-ZIP		Dhanas Addition
TILLE		☐ DELETE	4.1 TITLE 4.2 NAME		Change Addition
NAME STREET ADDRESS			4.3 STREET ADDRESS		
Citty - ST - ZiP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			52 NAME		·
STREET ADDRESS			5 3 STREET ADDRESS		1
CITY ST-ZP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	e e e e e	
017 01 70			EACITY OF SID		ſ

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this samuel eport 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TOPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-97

954-942-5122

FILED

Apr 28 1997 8:00am

Secretary of State

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