

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 11:11

DOCUMENT # **P93000080360 (9)**

1. Corporation Name

BUY-RITE TIRE & AUTOMOTIVE SERVICE, INC.

Principal Place of Business

2000 SOUTH OCEAN BLVD.
#7-N
POMPANO BEACH FL 33064

Mailing Address

~~C/O BUY RITE TIRE & AUTO SER.~~
~~200 SE 68TH AVE~~
~~DELRAY BEACH FL 33483~~
PDS

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/19/1993** 3a. Date of Last Report **04/26/1994**

4. FEI Number **65-0449709** Applied For Not Applicable

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

6. Election Campaign Financing \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 **[REDACTED]**

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26 **2000 S. OCEAN BLVD**

Suite, Apt. #, etc.

27 **APT 7N**

City & State

28 **POMPANO BCH FL**

Zip

29 **33062**

Country

30 **BROWARD**

9. Name and Address of Current Registered Agent

O'BRIEN, EDWARD
200 SE 68TH AVE
DELRAY BEACH FL 33483

2000 S. OCEAN BLVD
POMPANO BCH FL
33062

10. Name and Address of New Registered Agent

81 Name **EDWARD O'BRIEN**
82 Street Address (P.O. Box Number is Not Acceptable) **2000 S. OCEAN BLVD APT 7N**
83
84 City **POMPANO BCH** FL 85 Zip Code **33062**

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

Signature (typed or printed name of registered agent and fee applicator)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	O'BRIEN, EDWARD T
STREET ADDRESS	2000 SOUTH OCEAN BLVD., #7-N
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 (0723)(k), Florida Statutes. I further certify that the information indicated on the 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 as an attachment with an address.

SIGNATURE: Edward O'Brien 3/29/95 305-783-7667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR