

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

**FILED**  
**Apr 21 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P93000080360 (9)**

1. Corporation Name  
**BUY-RITE TIRE & AUTOMOTIVE SERVICE, INC.**



Principal Place of Business  
**1900 SOUTH OCEAN BLVD.  
 12-P  
 POMPANO BEACH FL 33064**

Mailing Address  
**1900 SOUTH OCEAN BLVD.  
 12-P  
 POMPANO BEACH FL 33062-8010**

3. Date Incorporated or Qualified **11/19/1993** 3a. Date of Last Report **04/04/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **65-0449709** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip 25 Country 29 Zip 30 Country

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

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

**O'BRIEN, EDWARD  
 2000 S OCEAN BLVD APT 7N  
 POMPANO BEACH FL 33062**

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's signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**  DELETE **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**  Change  Addition

TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>O'BRIEN, EDWARD T</b>		1.2 NAME <b>EDWARD O'BRIEN</b>	
STREET ADDRESS <b>1900 SOUTH OCEAN BLVD., #12P</b>		1.3 STREET ADDRESS <b>1900 S. OCEAN BLVD</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>		1.4 CITY-ST-ZIP <b>POMPANO BCH. FL 33062</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Edward O'Brien* 4/15/97 954-783-7667  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)