

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000069201 (8)**

1. Corporation Name
CASH 4 TIRES USA, INC.



Principal Place of Business: **ROUTE 1, BOX 83-A JASPER FL 32052**
Mailing Address: **ROUTE 1, BOX 83-A JASPER FL 32052**

3. Date Incorporated or Qualified: **09/05/1995** 3a. Date of Last Report: **N/A.**

4. FLI Number: [] 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

2. Principal Place of Business: 21 [] 2a. Mailing Address: 26 []

22 Suite, Apt. #, etc.: [] 27 Suite, Apt. #, etc.: []

23 City & State: [] 28 City & State: []

24 Zip: [] 25 Country: [] 29 Zip: [] 30 Country: []

9. Name and Address of Current Registered Agent
**HALL, JAY W
ROUTE 1, BOX 83-A
JASPER FL 32052**

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 607.0507 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] IN THE Registered Agent signature required when "re-appointing" DATE: []

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, JAY W	
STREET ADDRESS	ROUTE 1, BOX 83-A	
CITY-ST-ZIP	JASPER FL 32052	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRYWAY, DAVID C	
STREET ADDRESS	RR4 (6648) AMHERSTBURG,	
CITY-ST-ZIP	ONTARIO, CANADA N49-2Y9	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEAUDOYN, CHARLES L	
STREET ADDRESS	RR3 (4480) WINDSOR,	
CITY-ST-ZIP	ONTARIO, CANADA N9A6Z6	
TITLE	[]	<input type="checkbox"/> DELETE
NAME	[]	
STREET ADDRESS	[]	
CITY-ST-ZIP	[]	
TITLE	[]	<input type="checkbox"/> DELETE
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	

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5-1-96
CC

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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, unchanged, or on an attachment with an address.

SIGNATURE: **X [Signature]** **April 29/96** **904-792-3646**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)