

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
 97 SEP -4 PM 12:12

DOCUMENT # P95000069201 (8)
 1. Corporation Name
CASH 4 TIRES USA, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business ROUTE 1, BOX 83-A JASPER FL 32052	Mailing Address ROUTE 1, BOX 83-A JASPER FL 32052
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/05/1995	3a. Date of Last Report 05/01/1996
21	22	26	27	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	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
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 reinstating) 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	BEAUDOWN, 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		
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	400002287364-6
1.3 STREET ADDRESS	-09/08/97--01129--004
1.4 CITY-ST-ZIP	****165.00 ****165.00
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	

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 _____ SIGNATURE REQUIRED

CR2E034 (4/97)

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cash 4 tires U.S.A. inc.

Rt. #1, Box 83A, Jasper, Florida 32052

Phone: (904) 792-3646

Fax (904) 972-3646

Aug 25, 1997

Annual Report Filings
Division of Corp.
P.O. Box 1500,
Tallahassee, Florida 32300

Dear Madam or Sir

Please find enclosed our annual report with check for \$165.00. This 2nd notice was received from your office on Aug 22/97. We have just called your office 904 488-9000 and talked to Susan. She checked your records and last year we received the notice in plenty of time and we filed prior to May 1/96. She checked our address and it has not changed and no officers have changed. Would you kindly review our case and accept our annual report fee of \$165.00. If we would of received the 1st report we would of filed it on time as we done last year. Your immediate attention in this matter will be greatly appreciated and the extra \$385.00 required for late filing will really stress our Company. Susan suggested I write to your office with the above explanation. Thank You.

Yours truly
Charles L. Brandon

Canadian Office:

7072 Smith Industrial Dr., McGregor, Ontario N0R 1J0

Phone: (519) 726-4446 • Fax (519) 726-4447