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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J86532

(5)

Mailing Address

FLORIDA TIRE, INC.

Principal Place of Business

SIGNATURE:

6974 W. COLOMAL DRIVE ORLANDO FL 32818		6974 W. COLONIAL DRIVE ORLANDO FL 32818-6830				
					 Date Incorporated or Qualified 08/03/1987 	3a, Date of Last Report 04/18/1996
	incipat Place of Business	2a. Mailing Address 26			4. FEI Number 59-2849826	Applied For Not Applicab
21 S.	5-24		, Apt. #, etc.			69.75 Additional
2		27			5. Certificate of Status Desired	Fee Required
Ci 23	ty & State	City & State		-	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _I I	p Country	Zip	Co	untry	8. This corporation has liability for	
24	25	29	30			Yes No
	9. Name and Address of Cu	rrent Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent
	BOLT, DOUGLAS RAYMOND			Name		
	6974 W. COLONIAL DRIVE ORLANDO FL 32818			82 Street Ad	ldress (P.O. Box Number is Not Acceptat	le)
	ORDANDO PL 32010			83		
				84 City		85 Zip Code
***********					:	FL
Q a	Pursuant to the provisions of Sections 607 office or registered agent, or both, in the Sigent. I am familiar with and accept the c	State of Florida Such change wa bligations of Section 607,0505,	s authorize Florida Sta	ed by the corporatutes.	ration's board of directors. I hereby accep	turpose of changing its registered at the appointment as registered
	Signature, typed or pented natural of registers				guired when reinstating)	DATE
12.	OFFICERS	AND DIRECTORS	13.	····	ADDITIONS/CHANGES TO OFFIC	· · · · · · · · · · · · · · · · · · ·
TILL	BOLT, DOUGLAS RAYMON	DELETE	B	TITLE		Change Add ti
NAME	CAAA DAVAIDE DD	U		NAME		
SIMES!	ANI ALIDA MI			STREET ADDRESS		
MILLE THLE	1721 ONDARDOTE	DELETE	2.11	CITY - ST - ZIP		Change Addition
NAME				NAME		C Orange C Adorr
	ADORESS			STREET ADDRESS		
OHY-S				CITY-ST-ZIP	٠,	
TITLE		DELETE	3.1 (· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			3.2 1	NAME		
STHEET	ADORESS		3.3 5	STREET ADDRESS		
COY-S	T-ZIP		3.4.	CITY-ST-ZIP		
THE		DELETE	4.11	TITLE		Change Addition
NAME			4.21	NAME		
SIFEET	ADDRESS		4.3 \$	STREET ADDRESS		
CITY-S	T-ZIP	71.12	4.4 (CITY-ST-ZIP		
TiTi E		☐ DELFTE	5.1 T	TITLE		Change Addition
NAMÉ			5.2 N	IAME		
	ACDRESS			STREET ADDRESS		
CiliyeS	7 - 702	DELETE		CITY-ST-ZIP		
True		L DÉLETÉ	611			Change Addition
NAME	400			IAME		
	ADDRESS		1	STREET ADDRESS		
0:17 · S	do hereby certify that the information sup-	nlied with this fillion does not au	alify for the	STY-SI-ZIP	ed in Section 119 07/3Va) Florida Statuto	e. I further certify that the
ir L	nformation indicated on this annual report am an officer or director of the corporatio ppears in Block 12 or Block 13 if change	or supplemental annual report in or the receiver or trustee emp	s true and owered to	accurate and th	at my signature shall have the same lega	i effect as if made under oath: th