

FILE NOW: FILING FEE AFTER MAY 1 IS \$5510

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **V52599** (0)
1. Corporation Name
INDUSTRIAL WHEEL EXCHANGE, INC.



Principal Place of Business: **321 ATANDO AVE. CHARLOTTE NC 28206 US**
Mailing Address: **P O BOX 26065 CHARLOTTE NC 28221-6065 US**

3. Date Incorporated or Qualified: **07/20/1992** 3a. Date of Last Report: **09/26/1996**
4. FEI Number: **65-0331902** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 City

9. Name and Address of Current Registered Agent
**GARRICK, EARL
2616 E TAMARIND AVENUE
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent
1 Name
2 Street Address (P.O. Box Number is Not Acceptable)
3
4 City **FL 85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1.1
NAME	GARRICK, EARL	1.2
STREET ADDRESS	2616 E TAMARIND AVENUE	1.3 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP
TITLE	ST	2.1
NAME	CONNER, ROBERT	2.2 NAME
STREET ADDRESS	321 ATANDO AVE.	2.3 STREET ADDRESS
CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP
TITLE		3.1
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1
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 (a) through (i), or on an attachment with an address.

SIGNATURE: *Michael Groover* **Michael Groover, Controller 2-15-97 704-374-0710**

CR2E034 (9/96)