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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052201 (6)

EMPIRE TIRE, INC.				
Principal Place of Business	Mailing Address			
2301 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32801	2301 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32801			
2. Principal Place of Business	2a. Mailing Address			
21	26			
•	<u></u>			

FILED
Apr 16 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

				06/17/1996			
2. Principal Pla	ace of Business	2a. Mailing Addr	es <b>s</b>		4. FEI Number	Applied For	
26					59-3386583	Not Applicable	
Sulte, Apt. #, etc. Suite. Apt. #, etc. 27			etc.			\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	<del> </del>	ountry	8. This corporation owes or has paid the curren		
24	25	29 30			Personal Properly Tax due June 30. Yes No		
	9. Name and Address of Curre	nt Registered Agent		81 Namo	10. Name and Address of New Registered Age	ant	
CONTESTABILE, VINCENT A 2301 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32801				82 Street Address (P.O. Box Number is Not Acceptable) 83			
				84 City	FL:	85 Zip Code	
11. Pursuant t office or re agent. I ar	o the provisions of Sections 607.05 ogistered agent, or both, in the Stat in familiar with, and accept the oblig	02 and 607.1508, Flori e of Florida. Such chan gations of, Section 607.	da Statutes, the ige was authoriz 0505, Florida St	above-named ed by the corp atules.	corporation submits this statement for the purpose of chooration's board of directors. I hereby accept the appoin	anging its registered lment as registered	
SIGNATURE	Signature, lyped or printed name of registered ag	west and title if sort cable	/NOTE: Benieta	ed Agent signature	required when reinstating) DATE		
12.		NO DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12	
TITLE	P	□ DE		TITLE		Change Addition	
NAME	CONTESTABILE, VINCENT A		1.2	NAME			
STREET ADDRESS	2301 SOUTH ORANGE BLOS		1.3	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP			
TITLE	V	☐ DE		TITLE		Change Addition	
NAME	MCFADDEN, CLIFTON		2.2	NAME			
STREET ADDRESS	2301 SOUTH ORANGE BLOS	SSOM TRAIL	2.3	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32801			CITY-ST-ZIP			
TITLE		□ DE		TITLE		Change Addition	
NAME		_	1	NAME		<b>.</b> —	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP	,		
TITLE		I DE		TITLE	0	Change Addition	
NAME			1 "	NAME		Change ( Senion	
STREET ADORESS				STREET ADDRESS			
				1			
CITY-ST-ZIP TITLE		DE		CITY-ST-ZIP TITLE		Change Addition	
NAME		<u></u> 0		NAME		5.13.30 L3 /100/((0))	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP		DE		CITY-ST-ZIP		Change Addit	
TITLE		L. J DE		TITLE		Change	
NAME				NAME			
STREET ADDRESS			6.3	STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
14. Thereby or	ertify that the information supplied v	with this filing does not	qualify for the ex	cemption states	d in Section 119.07(3)(i), Florida Statutes. I further certify	that the information	

. Thereby 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 autochiment with an address.