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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 384684 (7)

1. Corporation Name

FLORIDA TIRE DISTRIBUTORS, INC.



Principal Place of Business

1600 NO POWERLINE ROAD
POMPANO BCH FL 33069

Mailing Address

1600 NO POWERLINE ROAD
POMPANO BCH FL 33069

3. Date Incorporated or Qualified

06/29/1971

3a. Date of Last Report

03/03/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEJA, OLGA
1600 NO POWERLINE RD
33069

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 607.0502 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

Signature required to print: Name of registered agent and title if applicable.

(2/2/96) Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME: LEJA, MICHAEL
STREET ADDRESS: 1418 NE 54TH STREET
CITY-ST-ZIP: FT LAUDERDALE, FL 00000

1.2 TITLE ☐ DELETE

NAME: LEJA, DAVID
STREET ADDRESS: 1600 N. POWERLINE RD.
CITY-ST-ZIP: POMPANO BCH. FL

1.3 TITLE ☐ DELETE

NAME: LEJA, OLGA
STREET ADDRESS: 1418 NE 54TH STREET
CITY-ST-ZIP: FT LAUDERDALE, FL 00000

1.4 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)