Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90016 006 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 384684

1. Corporation Name

	TIRE DISTRIBUTURS, INC.						
Principal Place	e of Business	Mailing Address			- I (##10# 715#1 1831 Brien tenti elet elet ager.	D:8() \$(P)(B)	#11 #1#11 1 # #1
1600 NO POWERLINE ROAD 1600 N		1600 NO POWERLINE ROAD POMPANO BCH FL 33069			DO NOT WRITE IN THIS SP	ACE	
					3. Date Incorporated or Qualifed 06/29/1971		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	olied For
21		26			59-1552451		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27	7			Fee Rec	`
City & Stat	e · · ·	City & State			6, Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
Zip	Country		Country		8. This corporation owes the current year Intang		
24	25	29 30			7 515511111 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1		□No
	9. Name and Address of Current	t Registered Agent		T	10. Name and Address of New Registered Age	ent	
LEIA	I, OLGA		81	Name .			
	NO POWERLINE RD		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
3306	9		83				
•			84	City		85 Zip C	ode
-			1 ')	<u> </u>	<u> </u>	
44 Pursuant	to the provinions of Soctions 607 050						ragistared
office or re agent. I a	to the provisions of sections of 1999, egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	orizea ov	the corporatio	pration submits this statement for the purpose of chain's board of directors. I hereby accept the appointm	anging its i nent as reg	registered listered
office or r	egistered agent, or both, in the State (of Horida. Such change was autho ions of, Section 607.0505, Florida	Statutes.	the corporatio	n's board of directors. Thereby accept the appointment	anging its i	registered listered
office or re agent. I a	egistered agent, or both, in the State on the mailiar with, and accept the obligated in the control of the cont	of Florida. Such change was authorions of, Section 607.0505, Florida	Statutes.	the corporatio	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	RS IN 12
office or n agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen	of Florida. Such change was authorions of, Section 607.0505, Florida t and title if applicable. (NOTE: Region DIRECTORS	Statutes	the corporatio	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I		
office or nagent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	of Florida. Such change was authorions of, Section 607.0505, Florida t and title if applicable. (NOTE: Region DIRECTORS	Statutes.	the corporatio	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	RS IN 12
office of n agent. I a SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	of Florida. Such change was authorions of, Section 607.0505, Florida t and title if applicable. (NOTE: Region DIRECTORS	Statutes. 13. 1.1 TITLE	the corporatio	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	RS IN 12
office or n agent. I all SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN D LEJA, MICHAEL	of Florida. Such change was authorions of, Section 607.0505, Florida t and title if applicable. (NOTE: Region DIRECTORS	Statutes. 13. 1.1 TITLE 1.2 NAME	TADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR Change	RS IN 12
office or nagent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligated agent of printed name of registered agent of printed name of registered agent of the printed name of registered name of registered name of the printed name of registered name of reg	of Florida. Such change was authorions of, Section 607.0505, Florida t and title if applicable. (NOTE: Regi D DIRECTORS DELETE	Statutes. 13. 1.1 TITLE 1.2 NAME	TADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	RS IN 12
office or nagent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligated agen of the obligation of the obliga	of Florida. Such change was authorions of, Section 607.0505, Florida It and title if epplicable. (NOTE: Regi D DIRECTORS DELETE	Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET	TADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR Change	RS IN 12
office or nagent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN D LEJA, MICHAEL 1418 NE 54TH STREET FT LAUDERDALE, FL 00000 PD	of Florida. Such change was authorions of, Section 607.0505, Florida It and title if epplicable. (NOTE: Regi D DIRECTORS DELETE	Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY- ST	nt signature required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR Change	RS IN 12
office or nagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AND LEJA, MICHAEL 1418 NE 54TH STREET FT LAUDERDALE, FL 00000 PD LEJA, DAVID	of Florida. Such change was authorions of, Section 607.0505, Florida t and title if applicable. (NOTE: Regi D DIRECTORS DELETE	Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	T ADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOF Change	RS IN 12 Addition Addition
office or nagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen OFFICERS AND LEJA, MICHAEL 1418 NE 54TH STREET FT LAUDERDALE, FL 00000 PD LEJA, DAVID 1600 N. POWERLINE RD.	of Florida. Such change was authorions of, Section 607.0505, Florida I and title if applicable. (NOTE: Repl D DIRECTORS DELETE	Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET	T ADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR Change	RS IN 12
office or nagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligated of printed name of registered agen. OFFICERS AN OFFICERS AND OFFICERS	DELETE DELETE DELETE	Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 2.4 CITY-S	T ADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOF Change	RS IN 12 Addition Addition
office or nagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN D LEJA, MICHAEL 1418 NE 54TH STREET FT LAUDERDALE, FL 00000 PD LEJA, DAVID 1600 N. POWERLINE RD. POMPANO BCH. FL SD	DELETE	Statutes. 13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-SI 22 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	T ADDRESS T ADDRESS T ADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOF Change	RS IN 12 Addition Addition
office or nagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN D LEJA, MICHAEL 1418 NE 54TH STREET FT LAUDERDALE, FL 00000 PD LEJA, DAVID 1600 N. POWERLINE RD. POMPANO BCH. FL SD LEJA, OLGA	DELETE DELETE DELETE	Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T ADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR Change Change	RS IN 12 Addition Addition
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN D LEJA, MICHAEL 1418 NE 54TH STREET FT LAUDERDALE, FL 00000 PD LEJA, DAVID 1600 N. POWERLINE RD. POMPANO BCH. FL SD LEJA, OLGA 1418 NE 54TH STREET	DELETE DELETE	Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET	T ADDRESS T ADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOF Change	RS IN 12 Addition Addition
office or nagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN D LEJA, MICHAEL 1418 NE 54TH STREET FT LAUDERDALE, FL 00000 PD LEJA, DAVID 1600 N. POWERLINE RD. POMPANO BCH. FL SD LEJA, OLGA 1418 NE 54TH STREET	DELETE DELETE	JISTOPED BY STATUTE 12 NAME 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 3.4 CITY-S 3.5 TREET 3.4 CITY-S	T ADDRESS T ADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR Change Change	RS IN 12 Addition Addition
office or nagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE NAME STREET ADDRESS THE STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN D LEJA, MICHAEL 1418 NE 54TH STREET FT LAUDERDALE, FL 00000 PD LEJA, DAVID 1600 N. POWERLINE RD. POMPANO BCH. FL SD LEJA, OLGA 1418 NE 54TH STREET	DELETE DELETE DELETE	JISTOPED BY STATUTE 12 NAME 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.5 TITLE 3.3 STREET 3.4 CITY-S 4.1 TITLE	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR Change Change	RS IN 12 Addition Addition
office or nagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN D LEJA, MICHAEL 1418 NE 54TH STREET FT LAUDERDALE, FL 00000 PD LEJA, DAVID 1600 N. POWERLINE RD. POMPANO BCH. FL SD LEJA, OLGA 1418 NE 54TH STREET	DELETE DELETE	JISTOPED DY STATUTE 12 NAME 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOF Change Change Change	RS IN 12 Addition Addition Addition
office or nagent. I ai Signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN D LEJA, MICHAEL 1418 NE 54TH STREET FT LAUDERDALE, FL 00000 PD LEJA, DAVID 1600 N. POWERLINE RD. POMPANO BCH. FL SD LEJA, OLGA 1418 NE 54TH STREET	DELETE DELETE DELETE DELETE	JISTOPED DY STATUTE TO THE PROPERTY OF THE PRO	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR Change Change	RS IN 12 Addition Addition
office or nagent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN D LEJA, MICHAEL 1418 NE 54TH STREET FT LAUDERDALE, FL 00000 PD LEJA, DAVID 1600 N. POWERLINE RD. POMPANO BCH. FL SD LEJA, OLGA 1418 NE 54TH STREET	DELETE DELETE DELETE DELETE	JISTOPED DY STATUTE TO THE PROPERTY OF THE PRO	T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS T ADDRESS	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOF Change Change Change	RS IN 12 Addition Addition Addition

CITY-ST-ZIP 14. I 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 appual 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 conforation 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 buth an address, with all other like empowered.

5.4 CITY-ST-ZIP

6,4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Addition

Change