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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DOCL	1997	DIVISION OF	CORPORATIONS		oi State
	JMENT # 46272				
CEMIII	FIED TRUCK AND TIRE SE	:RYICE, INC			
Principal Pla	ace of Business	Mailing Address		- I JUBSTI OJOSO BIJER EIRIS ABAN 1994 DOU BEALL BE	Bit dion olon bibut bi bit (
215 SW 24TH SY FT LAUDERDALE FL 33315		4812 TAFT STREET			
FT LAUUERU US	MLE PL 33315	HOLLYWOOD FL 33021-40	NO.		
				10/07/1974	Date of Last Report 33/04/1996
	Place of Business	28. Mailing Address		4. FEI Number	Applied For
21)		[26]		59-1551464	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & St	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intang	
24	25	29	30		No
144	9. Name and Address of Cur	rrent Hegistered Agent	61 Name	10. Name and Address of New Register	ed Agent
	IN CAMP, DANNY 12 TAFT ST				
)LLYWOOD FL 33021		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
'"	/LI 11000 1 E 000E 1		83		
			84 City	F	85 Zip Code
11. Pursua	nt to the provisions of Sections 607.	0502 and 607,1508, Florida Statu	tes, the above-named cor	raaration elikusite thie etalamant tat tha Klirbac	
i		tate of Florida. Such change was bligations of, Section 607.0505, Fi	authorized by the corpora lorida Statutes.	poration submits this statement for the purpos ation's board of directors. I hereby accept the	appointment as registered
SIGNATUR	Signer are typed or pooled name of registered	d agent and title if applicable. (NOT	TE: Registered Agent signature requ	uired when reinstating) DAT	TE .
S:GNATURI	Signature typed or posited name of registered OFFICERS	d agent and title it applicable. (NOI	TE: Registered Agent signature requ		NE DIRECTORS IN 12
S:GNATUR 12.	Signary eitherd or pouled came of registered OFFICERS	d agent and title if applicable. (NOT	TE Registered Agent signature required. 13. 1.1 Title	uired when reinstating) DAT	TE .
SIGNATURI 12. TILE NAME	Styronize typed or posted came of registered OFFICERS. PD VAN CAMP, DANNY	d agent and title it applicable. (NOI	TE Registered Agent agnature required 13. 1.1 TiTLE 1.2 NAME	uired when reinstating) DAT	NE DIRECTORS IN 12
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14. Too 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 if changed, or on an attachment without address.

SIGNATURE:

FILED

May 12 1997 8:00am