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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # 535125**

(9)

TIRE WAREHOUSE, INC. Principal Place of Business 7300 NW 41ST ST MIAMI FL 33166 Mailing Address Mailing Address Mailing Address 1300 NW 41ST ST MIAMI FL 331666 MIAMI FL 331666								
					3. Date Incorporated or Qualified 05/02/1977	3a. Date 0		port
	lace of Business	2a. Mailing Address			4. FEI Number	5-ed		plied For
Suite, Apt.	# etc	26			59-1739173 Not Applicable \$8.75 Additional			
22		27			5. Certificate of Status Desired	5. Certificate of Status Desired Fee Required		
City & Stat	0	City & State	City & State		6. Election Campaign Financing \$5.00 May Be			
23 Z _i p			Country		Trust Fund Contribution Added to Fees 8. This corporation has liability for intaggible tax under s. 199.032,			
24	25			. ,	Florida Statutes		vo	199.032,
	9. Name and Address of Cur	ent Registered Agent			10. Name and Address of New Re	gistered Age	ent	
	LOVE, MURRAY G 10 N.W. 41ST ST.		18	Name				
		8	Street Add	l Address (P.O. Box Number is Not Acceptable)				
IMERA	MI FL 33166		Ē	33		·······		
				34 City		Т	85 Zip (`odo
office or i agent Ta					poration submits this statement for the pation's board of directors. I hereby acception	<u></u>	tment as	registered
12.	Superior to protect connecting the compare of the diagnostic (NCIE OFFICERS AND DIRECTORS		13.	Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND D	RECTOR	S IN 12
TITLE	PTD DELETE		1.1 TUTE	E			Change	Addition
NAME	MALOVE, RICHARD L.		1.2 NAME		•			
STREET ADDRESS	7300 N.W. 41ST ST.		13 STRE					
E TY-ST-ZIP TITLE	VSD	MIAMI FL /SD DELETE		r-ST-ZIP E			Change	Addition
NAME	MALOVE, MURRAY G.			AE.		L	, onange	racillon
STREET ADDRESS	7300 N.W. 41ST ST.			EET ADDRESS				
CHY-ST-ZIP	MIAMI FL		2 4 CH	y-ST-ZIP				
THILE	VD HADVEY C	DELITE		t (♥.	L_	Change	Addition
NAME STREET ADDRESS	MALOVE, HARVEY G. 7300 N.W. 41ST ST.		3 2 NAM	ME. EET ADDRESS				
CHY-SI-ZIP	MIAMI FL			Y-ST-ZIP				
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NAME			4. 2 NA	ME				
STREET ADDRESS				EET ADDRESS				
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STREET ADDRESS	s			EET ADDRESS				ļ
CITY-ST-Zif				Y-ST-ZIP				
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NAME			6 2 NAN	AE				:
STREET ADDRESS			63 STA	LET ADDRESS				İ

14. If do hereby certify that the information supplied with this filling 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 altachment with an address.

SIGNATURE:

FILED

Jan 14 1997 8:00am

Secretary of State