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

DOOLINAENT #

## FILED Apr 14, 1999 8:00 am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Katherine Harris ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 04-14-1999 90063 043 \*\*\*150.00 1999

1. Corporation Name 535125						
TIRE WAREHOUSE, INC.						
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Principal Place of Business Mailing Address				· , · · · · · · · · · · · · · ·		1 (18018) dires uran dinen india men ainer einen einen einen einen einen einen
7300 NW 41ST ST 7300 NW 41ST ST						
MIAMI FL 33166 MIAMI FL 33166						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						05/02/1977
Principal Place of Business     2a. Mailing Address						4. FEI Number Applied For
21		26				59-1739173   Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required
22		27 City & Ctata				
City & State	•	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
23	Country	Zip	Count	trv		8. This corporation owes the current year Intangible
24			30			Personal Property Tax.
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
				31	Name	
MALOVE, MURRAY G			82 Stre		Street Addre	ess (P.O. Box Number is Not Acceptable)
	N.W. 41ST ST.			$\perp$		
	Al FL 33166		8	B3		
	·* .		84 City		City	85 Zip Code
						FL 00 250 Standard Control of the second con
office or re	edistered agent, or both, in the State	e of Florida. Such change was อยู่ป	norizea t	by th	named corpo e corporatio	oration submits this statement for the purpose of changing its registered in's board of directors. I hereby accept the appointment as registered -
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statut	es.		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: P	legistered A	gent si	ignature required	when reinstating) DATE
12.	OFFICERS AND DIRECTORS .		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 7171	E		☐ Change ☐ Addition
NAME	MALOVE, RICHARD L		1.2 NAM	ŧΕ		
STREET ADDRESS	7300 N.W. 41ST ST.		1.3 \$TREET		DORE\$\$	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-		ZIP	Change Addition
TITLE	VSD	☐ DELETE	2.1 TITL			Change — Addition [
NAME !	MALOVE, MURRAY G.	•	2.2 NAME			
STREET ADDRESS	7300 N.W. 41ST ST.				DDRESS	
CITY-ST-ZIP	_ <u>Miami Fl</u> VD	DELETE	2. 4 CITY-ST-		212	☐ Change ☐ Addition
TITLE NAME	MALOVE, HARVEY G.	_ 5	DELETE 3.1 TITLE			
STREET ADDRESS					DDRESS	
CITY-ST-ZIP	MIAMI FL		3.4. CIT			
TITLE	Print Milit I 16	☐ DELETE	4.1 TITL			☐ Change ☐ Addition
NAME			4. 2 NAN	WE		
STREET ADDRESS			4.3 STR	EET AI	DDRESS	and the second s
CITY-ST-ZIP	·		4.4 CITY	/-ST-Z	7]P	
TITLE		☐ DELETE	5.1 TITL			☐ Change ☐ Addition
NAME	,		5.2 NAM			
STREET ADDRESS					DDRESS	·
CITY-\$T-ZIP			5.4 CITY		ZIP	
TITLE			6.1 TITL			☐ Change ☐ Addition
NAME					nnacee	
STREET ADDRESS		_	0.3 51K	CC I A	DDRESS	

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0§(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 with an address, with all other like empowered.

SIGNATURE: