

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 29 1998 8:00am  
Secretary of State

0001900

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714030** (4)  
1. Corporation Name

**FLORIDA INDEPENDENT TIRE DEALERS AND RETREADERS  
ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
407 WHOOPING LOOP, SUITE 1647 ALTAMONTE SPTS FL 32701	407 WHOOPING LOOP, SUITE 1647 ALTAMONTE SPTS FL 32701

2. Principal Place of Business	2a. Mailing Address
21 2255 GLADES ROAD Suite, Apt. #, etc. 22 324-A City & State 23 BOCA RATON, FL Zip 24 33431 Country 25 USA	26 2255 GLADES ROAD Suite, Apt. #, etc. 27 324-A City & State 28 BOCA RATON, FL Zip 29 33431 Country 30 USA

9. Name and Address of Current Registered Agent  
**STANSELL, HENRY**  
407 WHOOPING LOOP, SUITE 1647  
ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified	01/30/1968	
4. FEI Number	59-1166175	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Jill Mondo* 7/20/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BANTY, JIM
STREET ADDRESS	2514 HWY 60 EAST
CITY-ST-ZIP	VALRICO FL
<input checked="" type="checkbox"/> DELETE	
TITLE	VPD
NAME	DEARMIN, ROBERT
STREET ADDRESS	3531 SAMUEL PLACE
CITY-ST-ZIP	MELBOURNE FL
<input checked="" type="checkbox"/> DELETE	
TITLE	VPD
NAME	FRANKLIN, MICKY
STREET ADDRESS	300 PONDELLA ROAD
CITY-ST-ZIP	NORTH FORT MYERS FL
<input checked="" type="checkbox"/> DELETE	
TITLE	STD
NAME	PEREDA, DAN
STREET ADDRESS	385 ENTERPRISE STREET
CITY-ST-ZIP	OCOE FL
<input checked="" type="checkbox"/> DELETE	
TITLE	ED
NAME	H. A. STANSELL
STREET ADDRESS	407 WHOOPING LOOP #1647
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
<input checked="" type="checkbox"/> DELETE	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	MICKY FRANKLIN
1.3 STREET ADDRESS	300 PONDELLA RD
1.4 CITY-ST-ZIP	N. FT. MYERS, FL
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE	VPD
2.2 NAME	DAN PEREDA
2.3 STREET ADDRESS	1609 N. COCOA BLVD.
2.4 CITY-ST-ZIP	COCOA, FL 32922
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE	VPD
3.2 NAME	TERRY MOORE
3.3 STREET ADDRESS	1119 W. KENNEDY BLVD
3.4 CITY-ST-ZIP	TAMPA, FL 33606
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.1 TITLE	STD
4.2 NAME	SHERY MARCOE
4.3 STREET ADDRESS	1200 S. BERMUDA AVE
4.4 CITY-ST-ZIP	KISSIMMEE, FL 34741
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.1 TITLE	ED
5.2 NAME	JILL MONDO
5.3 STREET ADDRESS	2255 GLADES RD # 324-A
5.4 CITY-ST-ZIP	BOCA RATON, FL 33431
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jill Mondo* 7/20/98 (961) 988-2652  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR20037 (5/98)