

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90010 023 ****61.25

DOCUMENT # 714030

1. Corporation Name

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

Principal Place of Business

2255 GLADES RD
STE 324-A
BOCA RATON FL 33431
US

Mailing Address

2255 GLADES RD
STE 324-A
BOCA RATON FL 33431
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/30/1968

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1166175

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONDO, JILL
2255 GLADES RD
STE 324-A
BOCA RATON FL 33431

add to address:
← PMB 1000

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	Joe Kovac
NAME	MOORE, TERRY	1.2 NAME	Kovac Automotive
STREET ADDRESS	1119 W KENNEDY BLVD	1.3 STREET ADDRESS	2770 Davie Rd
CITY-ST-ZIP	TAMPA FL 33606	1.4 CITY-ST-ZIP	Davie, FL 33314
TITLE	STD	2.1 TITLE	John Tidwell
NAME	MARCOE, SHERRY	2.2 NAME	Mike Gatto Inc
STREET ADDRESS	1200 S BERMUDA AVE	2.3 STREET ADDRESS	15 W. Hibiscus Avenue
CITY-ST-ZIP	KISSIMMEE FL 34741	2.4 CITY-ST-ZIP	Melbourne, FL 32902
TITLE	PD	3.1 TITLE	
NAME	FRANKLIN, MICKY	3.2 NAME	
STREET ADDRESS	300 PONDELLA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	President
NAME	PEREDA, DAN	4.2 NAME	
STREET ADDRESS	1609 N COCOA BLVD	4.3 STREET ADDRESS	3850 NW 30th Ave.
CITY-ST-ZIP	COCOA FL 32922	4.4 CITY-ST-ZIP	Miami, FL 33242
TITLE	ED	5.1 TITLE	
NAME	MONDO, JILL	5.2 NAME	
STREET ADDRESS	2255 GLADES RD #324-A	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)