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Jul 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002062 (5)

1. Corporation Name
GANS TIRE CO., INC.



Principal Place of Business
730 EASTERN AVE.
MALDEN MA 02148

Mailing Address
730 EASTERN AVE.
MALDEN MA 02148-5824

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1996	3a. Date of Last Report 1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-2546439	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KINES, S O
5700 COMMONWEALTH AVE
JACKSONVILLE FL 32254

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	POD	<input type="checkbox"/> DELETE
NAME	GANZ, DAVID	
STREET ADDRESS	77 WELLESLEY RD	
CITY-ST-ZIP	BELMONT MA	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	GANZ, JUDITH	
STREET ADDRESS	77 WELLESLEY RD	
CITY-ST-ZIP	BELMONT MA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GANZ, BRYAN	
STREET ADDRESS	80 TRAPELO RD	
CITY-ST-ZIP	LINCOLN MA	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	GANZ, NEIL	
STREET ADDRESS	415 CLIFFSIDE DR	
CITY-ST-ZIP	DANVILLE CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GANZ, SHELDON	
STREET ADDRESS	13A SUMMER LANE	
CITY-ST-ZIP	FRAMINGHAM	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 with an address.

SIGNATURE: X

6-30-97

617-321-3910

CR2E034 (9/96)