

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H37259 (9)**
1. Corporation Name
AMERICAN TIRE & BRAKE, INC.



Principal Place of Business: **1421 OGLETHORPE ROAD WEST PALM BEACH FL 33405**
Mailing Address: **1421 OGLETHORPE ROAD WEST PALM BEACH FL 33405**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
30	Country		

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	01/09/1985		02/21/1995
4.	FET Number	Applied For	
	59-2478709	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
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				10. Name and Address of New Registered Agent			
BROOME, WILLIAM R.H., ESQ. 801 SPENCER DRIVE, STE 102 WEST PALM BEACH FL 33409				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				1818 Australian Avenue South, Ste. 202			
				84	City		85
				FL			

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 registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARROTTA, STEVE	1.2 NAME	
STREET ADDRESS	16788 ALAN BLACK BLVD.	1.3 STREET ADDRESS	
CITY- ST- ZIP	LOXAHATCHEE FL	1.4 CITY- ST- ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAYSON, JASON	2.2 NAME	
STREET ADDRESS	278 SANDPIPER AVE.	2.3 STREET ADDRESS	
CITY- ST- ZIP	ROYAL PALM BCH. FL	2.4 CITY- ST- ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIE, JEROME	3.2 NAME	
STREET ADDRESS	246 AKRON RD.	3.3 STREET ADDRESS	
CITY- ST- ZIP	LAKE WORTH FL	3.4 CITY- ST- ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAYSON, JACK	4.2 NAME	
STREET ADDRESS	1421 OGLETHORPE RD.	4.3 STREET ADDRESS	
CITY- ST- ZIP	W. PALM BCH. FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: **11-2-96** DAY/STATE PHONE # **407-478-3232**

CR2E034 (12/95)