

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 08 1998 8:00am
Secretary of State

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

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

Mailing Address
**1421 OGLETHORPE ROAD
WEST PALM BEACH FL 33405**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1985

4. FEI Number

59-2478709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1840 So. Military Trail

Suite, Apt. #, etc.

22

City & State

23

Zip

24

33415

Country

25

2a. Mailing Address

26 1840 So. Military Trail

Suite, Apt. #, etc.

27

City & State

28

Zip

29

33415

Country

30

9. Name and Address of Current Registered Agent

**BROOME, WILLIAM R.H., ESQ.
801 SPENCER DRIVE, STE 102
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name

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

1818 So. Australian Avenue

83 Suite 202

84 City

West Palm Beach,

FL

85 Zip Code

33409

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**S
NAME PARROTTA, STEVE
STREET ADDRESS 16788 ALAN BLACK BLVD.
CITY-ST-ZIP LOXAHATCHEE FL**

TITLE ☐ DELETE

**T
NAME GRAYSON, JASON
STREET ADDRESS 278 SANDPIPER AVE.
CITY-ST-ZIP ROYAL PALM BCH. FL**

TITLE ☐ DELETE

**VP
NAME CHRISTIE, JEROME
STREET ADDRESS 246 AKRON RD.
CITY-ST-ZIP LAKE WORTH FL**

TITLE ☐ DELETE

**P
NAME GRAYSON, JACK
STREET ADDRESS 1421 OGLETHORPE RD.
CITY-ST-ZIP W. PALM BCH. FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**

Loxahatchee, FL 33470

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

Royal Palm Beach, FL 33411

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

Lake Worth, FL 33467

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

**123 Waterway Road
Royal Palm Beach, FL 33411**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4-2-98

561-965-2151

CR2E034 (10/97)