

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H82669** (3)

1. Corporation Name  
**INTERNATIONAL WHEEL COVER, INC.**



Principal Place of Business: **9921 ADAMO DR. TAMPA FL 33619**  
Mailing Address: **9921 ADAMA DR EAST TAMPA FL 33619 US**

3. Date Incorporated or Qualified: **10/25/1985**  
3a. Date of Last Report: **01/31/1995**  
4. FEI Number: **59-2666223**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **9921 ADAMO DR EAST**  
2a. Mailing Address: **9921 ADAMA DR EAST**  
21. Suite, Apt. #, etc.:  
22. City & State: **TAMPA, FL.**  
23. Zip: **33619** Country:  
24. Zip: **33619** Country:

9. Name and Address of Current Registered Agent: **HSIAO, LESLIE 120 BARRINGTON DRIVE BRANDON FL 33511**  
10. Name and Address of New Registered Agent:  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable): **8731 TANTALLON CIRCLE**  
83. City: **TAMPA** FL 85. Zip Code: **33647**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: *Leslie Hsiao* **LESLIE HSIAO** DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>DPS</b>	<input type="checkbox"/> DELETE	1. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>HSIAO, LESLIE</b>		2. NAME:	
STREET ADDRESS: <b>120 BARRINGTON DR</b>		3. STREET ADDRESS: <b>8731 TANTALLON CIRCLE</b>	
CITY, ST, ZIP: <b>BRANDON FL</b>		4. CITY, ST, ZIP: <b>TAMPA, FL, 33647</b>	
TITLE: <b>VD</b>	<input type="checkbox"/> DELETE	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>TU, PETER</b>		6. NAME:	
STREET ADDRESS: <b>7 KIMBERLY CT</b>		7. STREET ADDRESS:	
CITY, ST, ZIP: <b>MARSHFIELD MA</b>		8. CITY, ST, ZIP:	
TITLE: <b>VD</b>	<input type="checkbox"/> DELETE	9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>SPIKER, JEFF R</b>		10. NAME:	
STREET ADDRESS: <b>9921 ADAMO DR E</b>		11. STREET ADDRESS:	
CITY, ST, ZIP: <b>TAMPA FL</b>		12. CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE	13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		14. NAME:	
STREET ADDRESS:		15. STREET ADDRESS:	
CITY, ST, ZIP:		16. CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE	17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		18. NAME:	
STREET ADDRESS:		19. STREET ADDRESS:	
CITY, ST, ZIP:		20. CITY, ST, ZIP:	
TITLE:	<input type="checkbox"/> DELETE	21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		22. NAME:	
STREET ADDRESS:		23. STREET ADDRESS:	
CITY, ST, ZIP:		24. 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: *Leslie Hsiao* **LESLIE HSIAO** DATE: **1-19-96** 813-628-4311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)