

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J14540 (5)

1. Corporation Name:
PERFORMANCE TIRE & EXHAUST INC.



Principal Place of Business: **8403 LITTLETON RD
N FT MYERS FL 33903
US**
Mailing Address: **2510 N.E. 20 PL.
CAPE CORAL FL 33909
US**

3. Date Incorporated or Qualified: **05/12/1986**
3a. Date of Last Report: **01/27/1995**
4. FEI Number: **59-2688092**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**ROTH, JOSEPH E. CPA
11595 KELLY ROAD, SUITE 121
SUITE 501
FT. MYERS FL 33908**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 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 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: **PV**
2. NAME: **DONEY, ARTHUR R.**
3. STREET ADDRESS: **2510 N.E. 20TH PLACE**
4. CITY, ST, ZIP: **CAPE CORAL FL**
5. TITLE: **ST**
6. NAME: **DONEY, LENORA S.**
7. STREET ADDRESS: **2510 N.E. 20TH PLACE**
8. CITY, ST, ZIP: **CAPE CORAL FL**
9. TITLE: DELETE
10. NAME: DELETE
11. STREET ADDRESS: DELETE
12. CITY, ST, ZIP: DELETE
13. NAME: DELETE
14. STREET ADDRESS: DELETE
15. CITY, ST, ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME: Change Addition
3. STREET ADDRESS: Change Addition
4. CITY, ST, ZIP: Change Addition
5. TITLE: Change Addition
6. NAME: Change Addition
7. STREET ADDRESS: Change Addition
8. CITY, ST, ZIP: Change Addition
9. TITLE: Change Addition
10. NAME: Change Addition
11. STREET ADDRESS: Change Addition
12. CITY, ST, ZIP: Change Addition
13. TITLE: Change Addition
14. NAME: Change Addition
15. STREET ADDRESS: Change Addition
16. CITY, ST, ZIP: Change Addition

14. I do hereby certify that the information supplied with this form 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 unchanged, or on an attachment with an address.

SIGNATURE: *Lenora S. Doney / ST*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 (941) 574-1638
DATE TELEPHONE

CR2E034 (12/95)