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**Jan 23 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 # 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 33909-4514  
US**

3. Date Incorporated or Qualified **05/12/1986**      3a. Date of Last Report **02/15/1996**

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      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      28 Country

24 Zip      25 Country      29 Zip      30 Country

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

61 Name **Joseph E. Roth CPA**

62 Street Address (P.O. Box Number is Not Acceptable) **8695 College Parkway, Suite 305**

63

64 City **FT. MYERS**      FL      65 Zip Code **33919**

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 *Joseph E. Roth*      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE      NAME      STREET ADDRESS      CITY - ST - ZIP

**PV      DONEY, ARTHUR R.      2510 N.E. 20TH PLACE      CAPE CORAL FL**

TITLE  DELETE      NAME      STREET ADDRESS      CITY - ST - ZIP

**ST      DONEY, LENORA S.      2510 N.E. 20TH PLACE      CAPE CORAL FL**

TITLE  DELETE      NAME      STREET ADDRESS      CITY - ST - ZIP

TITLE  DELETE      NAME      STREET ADDRESS      CITY - ST - ZIP

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

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

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

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

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

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

6.1 TITLE  Change  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: *Lenora S. Doney* / **LENORA S. DONEY**      01/16/97      (941) 574-1638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)