

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

FILED
Feb 06 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **J51215** (8)
1. Corporation Name
LLOYDS TIRE COMPANY OF DELRAY BEACH, INC.

Principal Place of Business
**4735 WEST ATL AVE
665 ENFIELD COURT
DELRAY BCH FL 33445
US**

Mailing Address
**% LLOYD I. SNYDER
665 ENFIELD COURT
DELRAY BEACH FL 33444**



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|--|--|
| 2. Principal Place of Business 21 4715 West Atl Ave Suite, Apt. #, etc. 22 Delray Bch FL City & State 23 33445 Zip 24 US Country | | 2a. Mailing Address 26 4715 W. ATL AVE Suite, Apt. #, etc. 27 Delray Bch FL City & State 28 33445 Zip 29 US Country | | 3. Date Incorporated or Qualified 01/05/1987 | |
| 4. FEI Number 59-2749298 | | Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | |
|--|--|--|--|--|-------------|
| 9. Name and Address of Current Registered Agent SNYDER, LLOYD I. 665 ENFIELD COURT DELRAY BEACH FL 33444 | | | | 10. Name and Address of New Registered Agent | |
| 81 Name | | | | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 83 | | | | | |
| 84 City | | | | 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 607.0505, Florida Statutes.

SIGNATURE

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

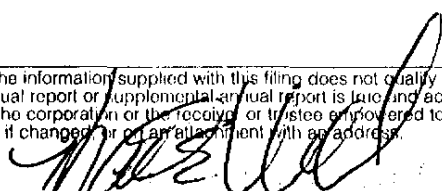
(NOTE: Registered Agent's signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SNYDER, LLOYD I. | 1.2 NAME | |
| STREET ADDRESS | 665 ENFIELD COURT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | VTD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SNYDER, PATRICIA E. | 2.2 NAME | |
| STREET ADDRESS | 665 ENFIELD COURT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEBBER, KATHRYN | 3.2 NAME | |
| STREET ADDRESS | 665 ENFIELD COURT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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:



1/28/98

CR2E034 (10/97)