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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K17639 1. Corporation Name

1999. · • •

CAUSEWAY TIRE AND AUTOMOTIVE, INC.

					<u></u>				
Principal Place of Business Mailing Address									
3390 N COURTENAY PARKWAY		3390 N COUTERNAY PARKWAY							
C MERRITT ISLAND FL 32953		C Merritt Island FL 32953 US			DO NOT WRITE	IN THIS	SPACE		
US US					3. Date Incorporated or Qualifed	_	<del></del> -		
						03/04/1988			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				59-2873413		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5, Certifcate of Status Desired			Additional
22		27				3, Geralicate of Status Bosilica	<u></u> -	Fee R	Required
City & Stat	е	City & State			بېرىد	6Election Campaign Financing		•	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes the current		ngible □Yes	□No
24	25	29	30			Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent		81 Na	ame	10. Name and Address of New Reg	gistereu A	yent	
TOS	CANO, JOHN A			"  "	1116				
3390 N COURTNEY PARKWAY				<b>82</b> St	reet Addre	eet Address (P.O. Box Number is Not Acceptable)			
C	o to oodiiiitei i vaatoott		-	83					
	RRITT ISLAND FL 32953		ļ	03					
1716511	ant jobarb i E dedda			<b>84</b> Ci	ty		FL	85 Zip	Code
agent. I a	m familiar with, and accept the obligation of registered agen	tions of, Section 607.0505, Flo	onda Statu	les.		n's board of directors. I hereby accept t	DATE		· · ·
12.		· · · · · · · · · · · · · · · · · · ·							
	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	CERS AN	D DIRECT	ORS IN 12
TITLE	P	D DIRECTORS	13.	 .E		ADDITIONS/CHANGES TO OFFICE	CERS ANI	D DIRECT	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	P TOSCANO, JOHN, A 75 75 PATTI DR MERRITT ISLAND FL VP	DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	ME REET ADDI Y-ST-ZIP LE		ADDITIONS/CHANGES TO OFFICE	CERS ANI	Change	Addition
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

8020 PZY