

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:34

DOCUMENT # **K54847** (4)

1. Corporation Name
OAKLAND TIRE, INC.

Principal Place of Business
**1139 NORTHEAST 50TH STREET
OAKLAND PARK FL 33334-3920**

Mailing Address
**1139 NORTHEAST 50TH STREET
OAKLAND PARK FL 33334-3920**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/30/1988** 3a. Date of Last Report **02/03/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **65-0099113** Applied For Not Applicable

21. Suite, Apt. #, etc. 25. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAETA, MARK L
1120 S.E. THIRD AVENUE
FT. LAUDERDALE FL 33316**

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City **FL** B5. 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 agent 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 signature required when consulting)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	ALSTON, NOEL ADRIAN
STREET ADDRESS	1139 NE 50TH ST.
CITY - ST - ZIP	OAKLAND PARK FL
TITLE	DV
NAME	ALSTON, NIGEL
STREET ADDRESS	1139 NE 50TH ST.
CITY - ST - ZIP	OAKLAND PARK FL
TITLE	DST
NAME	ALSTON, EILEEN ELIZABETH
STREET ADDRESS	1139 NE 50TH ST.
CITY - ST - ZIP	OAKLAND PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *X Eileen Alston*

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

- EILEEN ALSTON

1/27/95

DATE