

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

FILED  
Mar 07 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 # **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**

3. Date Incorporated or Qualified: **12/30/1988**  
3a. Date of Last Report: **03/27/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		65-0099113		Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

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				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ALSTON, NOEL ADRIAN		12 NAME				
STREET ADDRESS	1139 NE 50TH ST.		13 STREET ADDRESS				
CITY - ST - ZIP	OAKLAND PARK FL		14 CITY - ST - ZIP				
TITLE	DV	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ALSTON, NIGEL		22 NAME				
STREET ADDRESS	1139 NE 50TH ST.		23 STREET ADDRESS				
CITY - ST - ZIP	OAKLAND PARK FL		24 CITY - ST - ZIP				
TITLE	DST	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ALSTON, EILEEN ELIZABETH		32 NAME				
STREET ADDRESS	1139 NE 50TH ST.		33 STREET ADDRESS				
CITY - ST - ZIP	OAKLAND PARK FL		34 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY - ST - ZIP			44 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY - ST - ZIP			54 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY - ST - ZIP			64 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: *NOEL ADRIAN ALSTON* E. ALSTON / V. PRESIDENT 3-4-97 (954) 491-0483  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)