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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

FILED Feb 20 1998 8:00am Secretary of State

THE TIRE & SERVICENTER, INC.										
Principal Place of Business Mailing Address										
	251 W DEARBORN ST 251 W DEARBORN S									
					ENGLEWOOD FL 34223					
										DO NOT WRITE IN THIS SPACE
									1	3. Date Incorporated or Qualified
2.	Principal Pl	ace of Busin	ness	T 2a	2a. Mailing Address				 -	01/18/1989 4. FEI Number Applied For
21	_ '			⊢ ¬	26					65-0079748 Not Applicable
	Suite, Apt. #, etc.			1-*1	Suite, Apt. #, etc.					S8 75 Additional
22		27								Certificate of Status Desired Fee Required
	City & State				City & State					6. Election Campaign Financing \$5.00 May Be
23		28								Trust Fund Contribution Added to Fees
	Zip					untry			8. This corporation owes or has paid the current year intengible	
24		A Name	and Address of Current	29 Beals	tered Anent	30	т —			Personal Property Tax due June 30 Yes No 10. Name and Address of New Registered Agent
	AAA:			i iogio	toreo Agoin		81	Name	·	IC. Indite and Addition of their institution Agent
MARCHESE, JOE 251 W. DEARBORN ST.								_		
ENGLEWOOD FL 34223							Street	Addres	ss (P.O. Box Number is Not Acceptable)	
								84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was author							bove	-namec	corpor	
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes								the cor	poratio	n's board of directors. I hereby accept the appointment as registered
SIGNATURE										
- 0.		Signature, typed	or printed name of registered agent			E Registere	d Age	n) signatur	e required	when reinstating) DATE
12		200	OFFICERS AND	DIREC		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITE	1	EDP MARCHESE, JOSEPH			DELETE 1.1 TO					L. Change [Addition]
							1.2 NAME			
	ľ		ACKERMAN AVENUE					1.3 STREET ADDRESS		Į į
TITL	Y-ST-ZIP	D D	HARLOTTE FL	☐ DELETE		_	1.4 City-St-ZiP 2.1 title		┼	☐ Change ☐ Addition
NAN	i	_	ONALD LEE SR.							C sharinge C Assistant
			SPRINGLAKE BLVD.					2.2 NAME 2.3 STREET ADDRESS		
			HARLOTTE FL				2. 4 CITY - ST - ZIP			
TITLE				DECETE DECETE		_	3.1 TITLE		 	☐ Change ☐ Addition
NAME						3.2 NA				_
STR	EET ADDRESS					3.3 S	TREET	ADDRESS		
CIT	r-ST-ZIP					3,4.0	ITY-S	T-ZIP		
Titl					DELETE	4.1 T			Ţ	☐ Change ☐ Addition
NAME				4. 2 N		IAME		1	1	
STREET ADDRESS			4.3 STREET		TREET	address	ł			
	CITY-ST-ZIP			<u> </u>	4.4 CITY - ST - ZI		r-ZIP	<u> </u>		
TITL					☐ DELETE	5.1 Ti				☐ Change ☐ Addition
NAM						5.2 N				1
	EET ADDRESS					- 1		address		
	r-ST-ZIP				Dru CTC	_	TY-SI	r-ZIP	ļ	[] [] [] []
TITL					DELETE	6.1 Ts				☐ Change ☐ Addition
NAM	l					6.2 N		. DDDCCC	1	1
STREET ADDRESS CITY - ST - ZIP						6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				
CITY	1-S1-ZIP	-14				6.4 C	1Y-S1	-ZIP	L	

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.

941.475.9511