


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

FILED

Apr 22 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 # K70102 1. Corporation Name <i>Tom's Oasis Tire Serv.</i>					
Principal Place of Business			Mailing Address		
2. Principal Place of Business 21 <i>5900 S. State Rd 7</i> Suite, Apt. #, etc.		2a. Mailing Address 26 <i>5900 S. State Rd 7</i> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <i>3-3-87</i>	
22 <i>Fort Lauderdale Fl.</i> City & State		27 <i>Fort Lauderdale Fl.</i> City & State		3a. Date of Last Report <i>4-4-96</i>	
23 <i>33314</i> Zip		24 <i>Broward</i> Country		4. FEI Number <i>65-0104753</i>	
25 <i>33314</i> Zip		26 <i>Broward</i> Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
27 <i>33314</i> Zip		28 <i>Broward</i> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 <i>33314</i> Zip		30 <i>Broward</i> Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <i>John Mullis</i> <i>5900 S. State Rd 7</i> <i>Fort Lauderdale Fl. 33314</i>			10. Name and Address of New Registered Agent 81 Name <i>Walter J. Mullis</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>5900 So State Rd 7</i> 83 84 City <i>Fort Lauderdale</i> FL 85 Zip Code <i>33314</i>		
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 on behalf of, and accept the obligations of, Section 607.0505, Florida Statutes. <i>Walter J. Mullis</i> <i>4/8/97</i>					
12. OFFICERS AND DIRECTORS TITLE <i>Sec.-Treas</i> <input checked="" type="checkbox"/> DELETE NAME <i>Walter Mullis</i> STREET ADDRESS <i>5900 S. State Rd 7</i> CITY, ST, ZIP <i>Fort Lauderdale Fl. 33314</i>					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <i>Walter Mullis</i> 1.3 STREET ADDRESS <i>5900 S. St. Rd 7</i> 1.4 CITY-ST-ZIP <i>Fort Lauderdale Fl. 33314</i>					
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 on the report in Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>Walter Mullis</i> <i>Walter John Mullis-8-97</i> <i>954-792-0244</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)