

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L46743 (5)**

1. Corporation Name

**SAWGRASS TIRE & SERVICE CENTER, CORP.**



Principal Place of Business

Mailing Address

C/O ERIC DORSKY  
6200 STIRLING ROAD  
DAVIE FL 33314

C/O ERIC DORSKY  
6200 STIRLING ROAD  
DAVIE FL 33314

3. Date Incorporated or Qualified  
**01/25/1990**

3a. Date of Last Report  
**04/18/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0189072**

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

**DORSKY, ERIC  
6200 STIRLING ROAD  
DAVIE FL 33314**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 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 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

Signature, typed or printed name of registered agent, if the corporation is not a partnership.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                             |                                 |
|-----------------|-----------------------------|---------------------------------|
| TITLE           | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME            | <b>FRIED, SCOTT STUART</b>  |                                 |
| STREET ADDRESS  | <b>11260 N.W. 22 STREET</b> |                                 |
| CITY - ST - ZIP | <b>PLANTATION FL</b>        |                                 |
| TITLE           | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME            | <b>FRIED, DIANE</b>         |                                 |
| STREET ADDRESS  | <b>11260 N.W. 22 STREET</b> |                                 |
| CITY - ST - ZIP | <b>PLANTATION FL</b>        |                                 |
| TITLE           |                             | <input type="checkbox"/> DELETE |
| NAME            |                             |                                 |
| STREET ADDRESS  |                             |                                 |
| CITY - ST - ZIP |                             |                                 |
| TITLE           |                             | <input type="checkbox"/> DELETE |
| NAME            |                             |                                 |
| STREET ADDRESS  |                             |                                 |
| CITY - ST - ZIP |                             |                                 |
| TITLE           |                             | <input type="checkbox"/> DELETE |
| NAME            |                             |                                 |
| STREET ADDRESS  |                             |                                 |
| CITY - ST - ZIP |                             |                                 |

|                     |   |
|---------------------|---|
| 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 119.07(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, unchanged, or on an attachment with an address.

SIGNATURE:

*Scott S. Fried*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (954) 746-2975  
Date: Phone #

CR2E034 (12/95)