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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

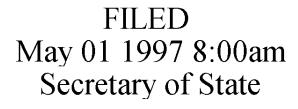
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L48796

(1)

SUNSHINE TIRE & SUPPLY, INC.

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Principal Place of Business		Mailing Addres	S			a indulari: est diden tolli tabih india dili didet bibét didil didit didet didil fidet			
2826 2ND AVENUE NORTH LAKEWORTH FL 33461 US			2826 2ND AVENUE NORTH LAKEWORTH FL 33461-4114 US						
						3. Date Incorporated or Qualified 02/05/1990		le of Lasi F 6/1996	Report
· ·	lace of Business	<b>2a.</b> Mailing Add	Iress			4. FEI Number		Α	pplied For
Suite, Apt.	# etc	26 Suite, Apt. #				65-0169943			ot Applicable
22	#, 6to.	27	r, etc.			5. Certificate of Status Desired			Additional equired
City & Stat	e	City & State				6. Election Campaign Financing	<u>.</u>		
23		28				Trust Fund Contribution			May Be to Fees
Zip	Country	Zιρ		ountr	у	8. This corporation has liability for			
24	25	29	30			Florida Statutes		] No	J. 100.00E
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	gent	
	SSELL, GEORGE F.			81	Name				
	6 2ND AVENUE NORTH		· · · · · · · · · · · · · · · · · · ·		Street Add	ress (P.O. Box Number is Not Acceptable)			
LAK	EWORTH FL 33461						<u> </u>		
				83					
				84	City			<b>85</b> Zip	Code
44 Durancant	to the provisions of Continue COZ OF	00 1 007 1500 5	al Otal tar		L		FL	1 1 '	
Office of r	<b>'ediste</b> red about or bolb in the State	e of Florida. Such char	noo waa authori	zad h	v the coreove	poration submits this statement for the partion's board of directors. I hereby acce	ourpose of a	changing i intment as	ts registered registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607	'.0505, Florida S	Statute	s.	,			9
SIGNATURE	Signature, typed or printed name of registered ag	able of the least has fear	(NOTE Braziel	wood An	and signal was same	ired when reinstating)	DATE		
12.		ND DIRECTORS	1		ant algulars a requi	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TETLE	DP	□ D	ELÉTE 1.	1111E				Change	Addition
NAME	CASSELL, GEORGE F.		1.	2 NAME				_	
STREET ADDRESS	2826 2ND AVENUE NORTH		1.3	3 STREET	ADDRESS				
CITY-ST-ZIP	LAKEWORTH FL		1.	4 CITY-S	ST - ZIP				
TITLE		∏ D	ELETE 2	1 DILE			1	Change	Addition
NAME			2:	2 NAME					
STREET ADDRESS			2.	STREET	ADDRESS				
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TITLE		□ D	ELFTE 3.	TITLE				Change	Addition
NAME			3.3	2 NAME					
STREET ADDRESS			3.3	STREET	ADDRESS				
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TITLE		<u> </u>		TITLE			ĺ	Change	Addition
NAME				2 NAME					
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TITLE		니		THLE			L	Change	Addition
NAME OTREET ADDRESS				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			67	CHIYES	IT - ZiP				

4. 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 negative or trusted expressered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed or or an utlachmore with an address.