

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L65616** (9)

1. Corporation Name:

COAST TO COAST HUBCAPS & WHEELS, INC.



Principal Place of Business:

**8820 MAISLIN DRIVE
TAMPA FL 33637
US**

Mailing Address:

**8820 MAISLIN DRIVE
TAMPA FL 33637
US**

2. Principal Place of Business:

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address:

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**NUNES, MITCH M.
8820 MAISLIN DRIVE
TAMPA FL 33637**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/12/1990

3a. Date of Last Report

04/24/1995

4. FEI Number

59-3003948

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0902 and 607.1103, 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. Thereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Applicant

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	NUNES, MITCH M.	
STREET ADDRESS	8820 MAISLIN DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	NUNES, PAMELA	
STREET ADDRESS	8820 MAISLIN DR.	
CITY-ST-ZIP	TAMPA FL	
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		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 ZIP	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25 ZIP	
26 TITLE	
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30 ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35 ZIP	
36 TITLE	
37 NAME	
38 STREET ADDRESS	
39 CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
40 ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
45 ZIP	
46 TITLE	
47 NAME	
48 STREET ADDRESS	
49 CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
50 ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
55 ZIP	
56 TITLE	
57 NAME	
58 STREET ADDRESS	
59 CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
60 ZIP	

14. I do hereby certify that the information supplied to 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 if changed, or on an attached addendum, as applicable.

SIGNATURE: **MITCH NUNES** *Mitch Nunes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-96 (813)980-6166
DATE DATE PHONE

CR2E034 (12/95)