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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M87646

(9)

FILED
Apr 21 1997 8:00am
Secretary of State

TIRES ON THE RUN, INC. Principal Place of Business Mailing Address 18575 NW 27 AVE 18575 27 AVE MIAMI FL 33056 3104 US						
1		00		3. Date incorporated or Qualified	3a. Date of Last	Report
6 Dringing P	Place of Business	Las Malling Address		06/23/1988 4. FEI Number	05/01/1996	
21	lace of Business	2a. Mailing Address		NOT APPLICABLE		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·	5. Certificate of Status Desired	□ \$8.75	Additional
22		27	· · · · · · · · · · · · · · · · · · ·		Fee F	Required
City & Stat	lθ	City & State		Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i		
24	25	29	30	Florida Statutes	Yes 🗆 No	
 	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
1857	ZHAUSER, THOMAS R. 75 NW 27TH AVE IOL CITY FL 33056		82 Street Add 83 84 City	ress (P.O. Box Number is Not Acceptab		ı Code
agent I a	registered agent, or both, in the State am familiar with, and accept the obligation Figurature, typed or printed name of registered age OFFICERS AN	ations of, Section 607.0505, FI	IE Registered Agent signature requi	poration submits this statement for the p tion's board of directors. I hereby accep and when renstating) ADDITIONS/CHANGES TO OFFIC	DATE	
TITLE	D	DELFTE	1.1 TITLE	ADDITIONOJO (WINDLO TO OTTIC	☐ Change	
NAME STREET ADDRESS	HOLZHAUSER, THOMAS R. 18575 NW 27TH AVE		1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIP	CAROL CITY FL	DELETE	1.4 CITY-\$1-7IP 2 1 TITLE		Change	Addition
NAME			2.2 NAME		_ •	•
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP		T Dr. co.	2. 4 C(1Y-S1-ZIP			1120
TOTLE		☐ DELETE	3.1 TITLE		Change	Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. Cily - S1 - ZIP			_
TITLE		DELFTE	4.1 TH LE		Change	Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST- <i>TIP</i> 5.1 TITLE		Change	Addition
NAME		-	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
COTY-ST-ZIP		T Street	5.4 C(1Y - S1 - Z)P		1 20.	1 4 4 100
TITLE		DELETE	6 1 TITLE		Change	Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 City-St-ZIP			
	by and first and the information overla	dual this files also and a set		d in Section 119 07(3)(i). Florida Statute	o I duribos postáv tho	d the

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 angual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the elevent of the eleven of the elevent of the elevent of the elevent of the elevent of t

SIGNATURE OF WOMEN (50)

1-11-97

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