SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # N9200000087

Corporation Name

BREVARD TIRE DEALERS ASSOCATION, INC.

rincipal Place of Business 730 - 2 WASHBURN RD MELBOURNE FL 32934

US

Mailing Address

7302 WASHBURN RD MELBOURNE FL 32934

US

FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90027 007 ****61.25

|--|

. Principal Pl	Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed		
736	Washburn Road	26 730 wash	bury	n Road	11/02/1992		
Suite, Apt.		Suite, Apt. #, etc.			4. FEI Number	-	oplied For
.] .		27.	سهيب ساند	<u> </u>	59-3175776		ot Applicable -
City & State	State City & State				5. Certificate of Status Desired		Additional equired
Zip	Country Zip Country				6. Election Campaign Financing	\$5.00	May Be
ر. آ	25 29 30				Trust Fund Contribution Added to Fees		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	d Agent	
			81	Name			
WILLIAM TON MIKE				ļ			
WHITTINGTON, MIKE				82 Street Address (P.O. Box Number is Not Acceptable)			
730-2 WASHBURN RD							
WELBOOK	RNE FL 32934		83				· -
			84	City	F	85 Zip	Code
				<u> </u>			ropistared
office or re	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was auti	honzed by	the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE ,		AIGT. D		nt signature required	(when reinstating) DATE		
	Signature, typed or printed name of registered agent a	· · · · · · · · · · · · · · · · · · ·	13.	nt signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
12.	OFFICERS AND DIRECTORS P		1.1 TITLE		ADDITIONAL OF THE COLUMN TO TH	Change	Addition
MLE	SMISEK, RICK						_
IAME			1.2 NAME				
TREET ADDRESS	1004 S WASHINGTON AVE			TADORESS			
ITY-ST-ZIP			1.4 CITY-S	T-ZIP		Change	Addition
TILE	ST	☐ DELETE	2.1 TITLE		•	Change	Addition
AME	WHITTINGTON, MIKE		2.2 NAME				
TREET ADDRESS			2.3 STREE	TADDRESS			
XTY-ST-ZIP	MELBOURNE FL 32934		2.4 CITY-5	ST-ZIP			
TILE .	VP □ DELETE 3.17		3.1 TITLE	>		Change	Addition
IAME	SPOTTS, FRANK		3.2 NAME	j			
TREET ADDRESS	805 FLORIDA AVE		3.3 STREE	T ADDRESS			
ITY-ST-ZIP	COCOA FL 32922		3.4. CITY-S	ST-ZIP			
me	D	☐ DELETÉ	4.1 TITLE			Change	Addition
IAME	GREEN, MIKE		4, 2 NAME				
TREET ADDRESS	9318 E COLONIAL DRIVE SUITE	A101		T ADDRESS			
	ORLANDO FL	, , , , , , , , , , , , , , , , , , , ,	4.4 CITY-S				
TITY-ST-ZIP			5.1 TITLE			☐ Change	Addition
į	<u> </u>	<u> </u>	5.2 NAME				_
AME	PEREDA, DAN			T ADDRESS			
TREET ADDRESS	611-4 WASHBURN RD.						
ITY-ST-ZIP	MELBOURNE FL	O DELETE	5.4 CITY-S 6.1 TITLE	11-ZIP		☐ Change	☐ Addition
TILE		☐ DELETE					
AME			6.2 NAME				
TREET ADDRESS			6.3 STREE	T ADDRESS			

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAJCO TIME A EQUATIVE Whitting to 7/2/99 407 2425956

:R2E037 (5/99