

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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 00884 (7)			
1. Corporation Name General Tire, Inc. N/C 12-19-94 CONTINENTAL GENERAL TIRE, INC. SG.			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		Mailing Address 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
Attn: Corporate Tax Dept 1800 Continental Blvd. Charlotte, NC 28273		Attn: Corporate Tax Dept. 1800 Continental Blvd. Charlotte, NC 28273	
3. Date Incorporated or Qualified 2/09/1984		3a. Date of Last Report 5/1/95	
4. FEI Number 34-1417030		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324		10. Name and Address of New Registered Agent 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> DELETE Frangenberg, B. 1800 Continental Blvd. Charlotte, NC 28273	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Exec. V. P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Reese, T. J. 1800 Continental Blvd. Charlotte, NC 28273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> DELETE Hollnagel, D. L. 1800 Continental Blvd. Charlotte, NC 28273	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Senior V. P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Curry, J. C. 1800 Continental Blvd. Charlotte, NC 28273
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer <input type="checkbox"/> DELETE Moyer, C. W. 1800 Continental Blvd. Charlotte, NC 28273	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer <input type="checkbox"/> DELETE Fisher, R. L. 1800 Continental Blvd. Charlotte, NC 28273	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	600001852516 <input type="checkbox"/> Change <input type="checkbox"/> Addition -06/05/96--01104--029 ***200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 if changed, or on an attachment with an address.			
SIGNATURE:		Date	
Signature and typed or printed name of signing officer or director R.L. Fisher		4/24/96 704-583-8937 Daytime Phone #	

CR2E034 (12/85)