

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

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P08336 (0)
1. Corporation Name
TIRE CENTERS, INC.



Principal Place of Business: **300 N. CLEVELAND-MASSILLON RD., SUITE 200 AKRON OH 44333-2484 US**
Mailing Address: **300 N. CLEVELAND-MASSILLON RD., SUITE 200 AKRON OH 44333-2484 US**

3. Date Incorporated or Qualified: **12/09/1985** 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25) 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30) 4. FEI Number: **34-1492712** 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

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, 85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERLIN, JAMES	1.2 NAME	
STREET ADDRESS	22656 CARAVELLE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERLIN, JAMES	2.2 NAME	
STREET ADDRESS	22656 CARAVELLE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, RICHARD L.	3.2 NAME	
STREET ADDRESS	4190 ALICIA TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	STOW OH	3.4 CITY-ST-ZIP	
TITLE	VPST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, TERRY A.	4.2 NAME	
STREET ADDRESS	4219 BIG SPRUCE	4.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	4.4 CITY-ST-ZIP	
TITLE	AST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERLIN, MADELINE	5.2 NAME	
STREET ADDRESS	22656 CARAVELLE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, DAVID	6.2 NAME	
STREET ADDRESS	3439 SADDLEBORO DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONTOWN OH	6.4 CITY-ST-ZIP	

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: *Terry A. Lawrence* **TERRY A. LAWRENCE, VP/Sec/TREA** Date: _____ (330) 668-8808 Statewide Phone #

CR2E034 (12/95)

TIRE CENTERS, INC. OFFICERS

JAMES BERLIN
22656 Caravelle Circle
Boca Raton, FL 33433

Chairman of the Board and
Chief Executive Officer-
Director and President

RICHARD HALL
4190 Alicia Trail
Stow, OH 44224

Vice President

TERRY LAWRENCE
4219 Big Spruce
Akron, OH 44333

Vice President
and Secretary/
Treasurer

DAVID SNYDER
3439 Saddleboro Drive
Uniontown, OH 44685

Vice President

MADELINE BERLIN
22656 Caravelle Circle
Boca Raton, FL 33433

Asst. Secretary
and Asst. Treasurer-
Director

JUDITH L. ROMAN
2043 Meadow Gate
Akron, OH 44313

Vice-President

RONALD J. CAPOROSSO
3831 Dodds Hills Dr.
Willoughby Hills, OH 44094

Vice-President

ROBERT M. BERLIN
5 Parker Street
Newton, MA 02159

Director

ROBIN I. KANE
22870 Canterbury Lane
Shaker Heights, OH 44122

Director

Incorporated State of Ohio 10/15/85

FBI #34-1492712

03/19/96
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