

5-16-97 B-1341 -C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 12/09/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 34-1492712	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 type="checkbox"/> Yes <input checked="" 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 _____ (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 checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, RICHARD L.	3.2 NAME	RONALD J. CAPORossi
STREET ADDRESS	4180 ALICIA TRAIL	3.3 STREET ADDRESS	38231 DODDS HILL DR.
CITY- ST- ZIP	STOW OH	3.4 CITY- ST- ZIP	Willoughby Hills, OH 44094
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 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 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** 4-29-97 (330) 668-8804
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

FEI #34-1492712

Tire Centers, Inc. Officers

James Berlin 22656 Caravelle Circle Boca Raton, FL 33433	131-32-1795	Chairman of the Board and Chief Executive Officer - Director President
Terry Lawrence 4219 Big Spruce Akron, OH 44333	288-54-5467	Vice President and Secretary/Treasurer
David Snyder 3439 Saddleboro Dr Uniontown, OH 44685	293-36-2917	Vice President
Madeline Berlin 22656 Caravelle Circle Boca Raton, FL 33433	205-32-3651	Asst. Secretary and Asst. Treasurer - Director
Judith L. Roman 2043 Meadow Gate Akron, OH 44313	295-38-3207	Vice-President
Ronald J. Caporossi 38231 Dodds Hill Dr Willoughby Hills, Oh 44094	202-44-8085	Vice-President
Robert M. Berlin 5 Parker Street Newton, MA 02159	280-74-9384	Director
Robin I. Kane 22870 Canterbury Lane Shaker Heights, OH 44122	280-74-9263	Director

Incorporated 10/15/85 State of Ohio FEI #34-1492712

03/19/96
officer.2