

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 14 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morgham
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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 12/09/1985

4. FEI Number: 34-1492712

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: 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: CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301

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: *Lisa G. Mulligan* LISA G. MULLIGAN, ASST VICE PRESIDENT 4-28-98

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BERLIN, JAMES	
STREET ADDRESS	22656 CARAVELLE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BERLIN, JAMES	
STREET ADDRESS	22656 CARAVELLE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CAPOROSSI, RONALD J	
STREET ADDRESS	38231 DODDS HILL DR.	
CITY-ST-ZIP	WILLOUGHBY HILLS OH	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	LAWRENCE, TERRY A.	
STREET ADDRESS	4219 BIG SPRUCE	
CITY-ST-ZIP	AKRON OH	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	BERLIN, MADELINE	
STREET ADDRESS	22656 CARAVELLE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SNYDER, DAVID	
STREET ADDRESS	3439 SADDLEBORO DRIVE	
CITY-ST-ZIP	UNIONTOWN OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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

CR2E034 (10/97)