

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 MAY -1 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P32404** (6)

1. Corporation Name
MICHEL TIRE CO.

Principal Place of Business Mailing Address
1217 ELLIS STREET **1217 ELLIS STREET**
CINCINNATI OH 45223 **CINCINNATI OH 45223**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/03/1991** 3a. Date of Last Report **03/29/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		31-0796416		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				b1 Name			
				b2 Street Address (P.O. Box Number is Not Acceptable)			
				b3			
				b4 City			
				FL		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 _____ (Signature, Print or Printed Name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MICHEL, ANTHONY J., JR. 4795 CHAPEL RIDGE LANE CINCINNATI OH	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V GEIGER, MICHAEL 9461 SHADY OAK CT. CINCINNATI OH	12 NAME	
STREET ADDRESS	TD MICHEL, TIMOTHY 2817 EASTERN AVE. COVINGTON KY	13 STREET ADDRESS	
CITY, ST, ZIP	SD MICHEL, ROBERTA A. 4795 CHAPEL RIDGE LANE CINCINNATI OH	14 CITY, ST, ZIP	
TITLE	D BLUM, ROBERTA M. 1125 INDEPENDENCE ALABASTER AL	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MICHEL, THOMAS E. 5880 FARLOOK DR. CINNINNATI OH	22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael A. Geiger VP* *Michael A. Geiger VP* 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR