

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P32404** (6)  
1. Corporation Name: **MICHEL TIRE CO.**



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

21	2a	26	27	28	29	30
Subj. Apt. #, etc.	Subj. Apt. #, etc.	City & State	City & State	Zip	Country	
22	23	24	25	26	27	28
City & State	City & State	Zip	Country			

3. Date Incorporated or Quashed: **01/03/1991**  
3a. Date of Last Report: **05/01/1995**  
4. FL Number: **31-0796416**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 City  
84 State: **FL** Zip Code: **85**

11. Pursuant to the provisions of Sections 607.0602 and (6) - 11, 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. Said change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and agree not to resign, the provisions of Sections 607.0602 and 607.0603, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MICHEL, ANTHONY J., JR.</b>	
STREET ADDRESS	<b>4795 CHAPEL RIDGE LANE</b>	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GEIGER, MICHAEL</b>	
STREET ADDRESS	<b>9461 SHADY OAK CT.</b>	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MICHEL, TIMOTHY</b>	
STREET ADDRESS	<b>2617 EASTERN AVE.</b>	
CITY-ST-ZIP	<b>COVINGTON KY</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MICHEL, ROBERTA A.</b>	
STREET ADDRESS	<b>4795 CHAPEL RIDGE LANE</b>	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BLUM, ROBERTA M.</b>	
STREET ADDRESS	<b>1125 INDEPENDENCE</b>	
CITY-ST-ZIP	<b>ALABASTER AL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MICHEL, THOMAS E.</b>	
STREET ADDRESS	<b>5880 FARLOOK DR.</b>	
CITY-ST-ZIP	<b>CINCINNATI OH</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not represent the exception stated in Section 119.071(6)(c), Florida Statutes. I further certify that this corporation has filed this statement with the supplemental annual report as required by law 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 business administrator of the corporation 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: *Michael A. Geiger* **Michael A. Geiger** 3/28/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)