

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 45223-1842
---	--

3. Date Incorporated or Qualified 01/03/1991	3a. Date of Last Report 04/02/1996
4. FEI Number 31-0796416	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Country	30 Zip

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

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, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-naming) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MICHEL, ANTHONY J., JR.	
STREET ADDRESS	4795 CHAPEL RIDGE LANE	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GEIGER, MICHAEL	
STREET ADDRESS	9461 SHADY OAK CT.	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MICHEL, TIMOTHY	
STREET ADDRESS	2617 EASTERN AVE.	
CITY - ST - ZIP	COVINGTON KY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MICHEL, ROBERTA A.	
STREET ADDRESS	4795 CHAPEL RIDGE LANE	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLUM, ROBERTA M.	
STREET ADDRESS	1125 INDEPENDENCE	
CITY - ST - ZIP	ALABASTER AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICHEL, THOMAS E.	
STREET ADDRESS	5880 FARLOOK DR.	
CITY - ST - ZIP	CINCINNATI 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D BLUM, ROBERTA M.
5.3 STREET ADDRESS	4795 CHAPEL RIDGE LANE
5.4 CITY - ST - ZIP	CINCINNATI OH
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 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: *Michael A. Farlook* U.S. MAIL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0476767

CR2E034 (9/96)