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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME STREET ADDRESS

CHY-ST-ZIF

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 22 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9200000771 (5)

WINSTON'S TIRE SERVICE, INC.

Principal Place of Business Mailing Address 2204 S. STATE ROAD 7 2204 S. STATE ROAD 7 MIRAMAR FL 33023 MIRAMAR FL 33023-3057 3a. Date of Last Report 3. Date Incorporated or Qualified 10/26/1992 06/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0369826 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zio This corporation has liability for Intangible tax under s. 199.032, 24 30 Florida Statutes Yes 🔲 No 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RAMASIR, WILTON 2204 S. STATE ROAD 7 82 Street Address (P.O. Box Number is Not Acceptable) MIRAMAR FL 33023 83 84 City 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. Familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. Addition Change TILLE DELETE 1.1 TITLE RAMASIR, WILTON 1.2 NAME NAME 2204 S. STATE ROAD 7 STREET ADDRESS 1.3 STREET ADDRESS MIRAMAR FL 33023 1.4 CITY-\$1-ZIP C TY - 51 - 20 DELETE Change Addition THELE 2.1 TITLE - NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS C(TY - \$1 - 710 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE **3.2 NAME** STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THEF 4. 2 NAME STHEET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 017Y-S1-7# DELETE ☐ Change Addition 51 TITLE THEF NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADORESS 5 4 CITY-ST-ZIP CHY-ST-20 DELETE Addition THEE 6.1 TITLE Change

6.2 NAME

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 information information information information information 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

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP