

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000046145 (6)

1. Corporation Name

WEST BOYNTON TIRE & AUTO CENTER, INC.



Principal Place of Business

9811 JOG RD
BOYNTON BEACH FL 33437
US

Mailing Address

1509 LYONS RD
COCONUT CK. FL 33066
US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
06/20/1994

3a. Date of Last Report
03/08/1995

4. FEI Number
65-0544627

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANN, DAVID M
WEST BOYNTON TIRE & AUTO CENTER, INC.
9805 JOG ROAD
BOYNTON BEACH FL 33437

81 Name ORETSKY, LLOYD

82 Street Address (P.O. Box Number is Not Acceptable)
1509 LYONS RD.

83

84 City COCONUT CREEK FL 85 Zip Code 33063

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 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 the provisions of s. 607.0505, Florida Statutes.

SIGNATURE

LLOYD ORETSKY, PRES. 8/7/96

12. TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME

1.1 TITLE PRES. ☐ Change ☐ Addition

STREET ADDRESS

1.2 NAME

CITY-STATE-ZIP

1.3 STREET ADDRESS

TITLE

1.4 CITY-STATE-ZIP

NAME

2.1 TITLE V. PRES. ☐ Change ☐ Addition

STREET ADDRESS

2.2 NAME

CITY-STATE-ZIP

2.3 STREET ADDRESS

TITLE

2.4 CITY-STATE-ZIP

NAME

3.1 TITLE DELETE ☐ Change ☐ Addition

STREET ADDRESS

3.2 NAME

CITY-STATE-ZIP

3.3 STREET ADDRESS

TITLE

3.4 CITY-STATE-ZIP

NAME

4.1 TITLE

STREET ADDRESS

4.2 NAME

CITY-STATE-ZIP

4.3 STREET ADDRESS

TITLE

4.4 CITY-STATE-ZIP

NAME

5.1 TITLE

STREET ADDRESS

5.2 NAME

CITY-STATE-ZIP

5.3 STREET ADDRESS

TITLE

5.4 CITY-STATE-ZIP

NAME

6.1 TITLE

STREET ADDRESS

6.2 NAME

CITY-STATE-ZIP

6.3 STREET ADDRESS

TITLE

6.4 CITY-STATE-ZIP

NAME

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: GEORGE CASARIS, 1/25/98 954 477 0886

CR2E034 (12/95)