SECOND NOTICE: CORPO	RATION WILL BE DISSO 7/96: \$225 (IF DISSOLVED, I	LVED ON OR AFTER AUGUST 7, 1996. Minimum amount due to reinstate: \$37
PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT #	P9400006	0908 (8)

	ORATION AL REPORT 996	Sandra B Secretary DIVISION OF CO	of State			
DOCUM 1. Corporation I	IENT # P94000 TIRE DEPOT, INC.	0060908 (8)		 		
Principal Place	of Business	Mailing Address			<u> </u>	
4935 N. 40TH ST. 4935 N. 40TH ST. TAMPA FL 33610				Date Incorporated or Qualified		
				08/15/1994	07/11/1995	
. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable	
1		Suite, Apt #, etc.		59-3263802	\$8.75 Additional	
Suite, Apt. #	, etc	27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
3 Zip	Country	28 Zip	Country	8. This corporation has liability	for intangible tax under s. 199.032,	
4	9. Name and Address of Curre	(30	Florida Statutes 10. Name and Address of New	A	
		III Negistered Agent	81 Name			
	ETT, RANDALL F		62 Street Ad	dress (P.O. Box Number is Not Accep	otable)	
	5 skewle e RD. Notassa FL 33592					
1110	NO MOON I E GOODE		83			
11. Pursuant to	o the provisions of Sections 607.05 gistered agent, or both, in the State	02 and 607 1508, Florida Statute e of Florida, Such change was at	s, the above-named corpora	rporation submits this statement for th ation's board of directors. Thereby ac-	FL 85 Zip Code e purpose of changing its registered cept the appointment as registered	
office or re agent. I an SIGNATURE	gistered agent, or both, in the State in familiar with, and accept the oblig Signature typed or prints name of registered as	gations of, Section 607,0505, Flor gent and title if applicable (NOT		quied when reinstating	FL nursees of changing its registered	
office or re agent. I an SIGNATURE	gistered agent, or both, in the State in familiar with, and accept the oblig Signature typed or prints name of registered as	gations of, Section 607.0505, Flor	s, the above named corpora phorized by the corpora rida Statutes Registered Agent signature rec	quied when reinstating	e purpose of changing its registered cept the appointment as registered	
office or re agent. I an SIGNATURE 12.	gistered agent, or both, in the State I familiar with, and accept the oblig Signature typod or prints; name of registered ag OFFICERS Af	gations of, Section 607 0505, Flor gent and title if applicable (PIOTI	s, the above-named conthorized by the corporarida Statutes Registered Agent signal-life tec. 13.	quied when reinstating	e purpose of changing its registered cept the appointment as registered	
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made under oath, that am an officer that my name appears in Block 12 er

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-96 813-209-8607