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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS DOCUMENT # P94000087724 (8)

, Corporation Name	_	_		_
OLIVELE TIPES				

Principal Place of Business 333 E. HORBANS UNIT 6	CHA	RLIE'S TIRES, INC.			 		1868 1860 1880 1880 1880 1880 1880	
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2. May April 1						3a. 🗆		~~
Section Sect	H	ace of Business	h		1		Applied For	
County 28 County 28 County 29	h	#, etc.	h :				\$8.75 Additiona	
Country		9					\$5.00 May Be	
10, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name and Address of Name and Name an	F	<u></u>	F	k	8. This convoration has liability for			
BI		Name and Address of Curre	nt Registered Agent	-44,			ed Agent	
11. Pursument to the provisions of Socions 607-0502 and 607-1508; I sinitial Statutes, the above named corporation saturates this statement for the purpose of changing last registered office or registered agent, or both, in the State of Fordes State hearing was authorized by the corporation's found of which, and accept the designations of Section 607-0507, forded stateth, and accept the designations of Section 607-0507, forded stateth, and accept the designation of Section 607-0507, forded stateth, an			***************************************				No Agent	
11 Pursuant to the provisions of Sections 607/0502 and 607/1508. Horida Statutes, the above named corputation selected agent, or both, in the State of Florida Such dange was authorized by the corporation's heared of directors. Thereby accept the prepose of changes agent. I am registered agent, or both, and accept the obligations of Section 607/0509, Fordia Statutes. Signature State St	DEBAF	RY FL 32713					lor 7n Code	
19.	familiar with	h, and accept the obligations of, Sec	tion 607.0505, Florida Statutes	во рутие согранаюн'я пол i.	rd of directors. Thereby accept the app	ointment	changing its registered o as registered agent. I an	ffice n
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14. I do hereby certify that the information supplied with this filing is voluntarily turnished 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 undor oath; that I am an officer or director of the corporation or the receiver or trusted 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 attactiment with an address.

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR OF OTHER TOP 100 Lebron 3/25/96

Dostroe Phone #