

**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 # **P95000006379 (8)**

1. Corporation Name

**SOUTHERN TIRE EQUIPMENT & SUPPLIES INC.**



Principal Place of Business

**5320 LANCELOT LANE  
DAVIE FL 33331**

Mailing Address

**5320 LANCELOT LANE  
DAVIE FL 33331**

3. Date Incorporated or Qualified  
**01/20/1995**

3a. Date of Last Report  
**01/20/1995**

2. Principal Place of Business

21 **6455 Pembroke Rd.**

2a. Mailing Address

26 **5320 Lancelot Ln.**

4. FEI Number  
**65-0641666**

Applied For  
 Applied For  
 Not Applicable

Suite, Apt. #, etc.

22 **Hollywood Florida**

Suite, Apt. #, etc.

27 **DAVIE, Fla.**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

23 **33023 USA**

City & State

28 **33331**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOCKE, LINDA  
5320 LANCELOT LANE  
DAVIE FL 33331**

81 Name

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

83

84 City

**FL**

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

*Linda Hocke* **SEC TREAS.**

DATE (Registered Agent Signature required when registering)

**4/25/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>Robert Hocke</b>	
STREET ADDRESS	<b>5320 Lancelot Ln.</b>	
CITY-ST-ZIP	<b>DAVIE, Fla. 33331</b>	
TITLE	<b>SEC &amp; TREASURER</b>	<input type="checkbox"/> DELETE
NAME	<b>LINDA HOCKE</b>	
STREET ADDRESS	<b>5320 Lancelot Ln.</b>	
CITY-ST-ZIP	<b>DAVIE, Fla. 33331</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>JAMES HOWELL</b>	
STREET ADDRESS	<b>6455 Pembroke Rd</b>	
CITY-ST-ZIP	<b>Hollywood, Fla 33023</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE:

*Robert Hocke* **Robert Hocke**

**4/25/96**

**954-987-8555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (12/95)

*BJR-96*

**\$ BANK**