

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

FILED

Mar 12 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P95000051476 (6)

1. Corporation Name

EDDIE SHAW TIRE SERVICE, INC.

Principal Place of Business

5807 DAWSON STREET #15
HOLLYWOOD FL 33023

Mailing Address

18243 SW 5TH STREET
PEMBROKE PINES FL 33029
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1995

4. FEI Number

65-0595384

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 18243 SW 5th St.

26 Suite, Apt. #, etc.

22 Pembroke Pines, FL

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

25 33029 US.

27 City & State

28 City & State

24 Zip

Country

25 33029 US.

27 City & State

28 City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAW, EDWARD W
18243 SW 5 ST
PEMBROKE PINES FL 33029

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SHAW, EDWARD W
STREET ADDRESS 18243 SW 5 ST
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE VD ☐ DELETE

NAME SHAW, ANGELA K
STREET ADDRESS 18243 SW 5 ST
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE STD ☐ DELETE

NAME SHAW, CHRISTOPHER S
STREET ADDRESS 3980 NW 203 LANE
CITY-ST-ZIP MIAMI FL 33055

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/98

Date-time Phone # 0141717

CR2E034 (10/97)