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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

DOWNTOWN TIRE AND AUTO CENTER, INC.								
Principal Place of Business Mailing Address						T 100/1001 110 (DIA) Offis OBSIS OBSIS OBSIS OBSIS	JUBU PARA UPRUMU P	TLIM MITT SONL
739 CAPE CORAL PARKWAY 739 CAPE CORAL PARKV CAPE CORAL FL 33904 CAPE CORAL FL 33904				VAY				
ONE COUNTE IE CO						DO NOT WRITE IN THIS SPACE		
						 Date Incorporated or Qualified 07/03/1995 		
2. Principal P	lace of Busi	ness	2a. Mailing Address	alling Address		4. FEI Number		Applied For
21			26			65-0596572		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required	
City & State			City & State		6. Election Campaign Financing Trust Fund Contribution		May Be	
Zip		Country	Zip	Country	/	8. This corporation owes or has paid the cu		·
24				30	Personal Property Tax due June 30. Yes No			— *
g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
LENZ, B rian					Name			
739 CAPE CORAL PARKWAY CAPE CORAL FL 33904				82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	C OOM	1 2 00001		83		· · · · · · · · · · · · · · · · · · ·		
					City	FL		
11. Pursuant to office or re agent. La	lo the provis egistered aç m familiar w	ions of Sections 607.050 gent, or both, in the State ith, and accept the oblig	02 and 607.1508, Florida Sta tute of Florida. Such change was a ations of, Section 607.0505, Flo	es, the above authorized by orida Statutes	e-named co y the corpor s.	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appropriate the purpose of the purpose of the appropriate that the purpose of the purp	of changing pointment a	its registered s registered
SIGNATURE		or printed harne of registered ag				juired when reinslating) DATE		
12.		OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE			Change	Addition
NAME	LENZ, BRIAN			1.2 NAME				
STREET ADDRESS				1.3 STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		T DELEVE	1.4 CITY-ST-ZIP				
TITLE	D LENZ OUEDIE		☐ DELETE	2.1 TITLE			Change	Addition
NAME CYDECT ADDRESS	LENZ, CHERIE			2.2 NAME				
STREET ADDRESS CITY-ST-ZIP	739 CAPE CORAL PKWY CAPE CORAL FL			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				
TITLE			☐ DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY - ST- ZIP				
TITLE	_		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME				4. 2 NAME				
STREET ADDRESS	ESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S	T-ZIP			· <u></u>
TITLE	DELETE		5.1 TITLE			Change	Addition	
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET				
CITY-ST-ZIP			DELETE	5.4 CITY-S	T - ZiP		☐ Change	☐ Addition
TITLE NAME				6.1 TITLE 6.2 NAME				
STREET ADDRESS				6.3 STREET	AUDBEGG			
OTHER PROPERTY				6.3 STREET	VDDUE29			

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 chapged, or on an attachment with an address.

2-9-98

941 549-3198

FILED

Mar 13 1998 8:00am

Secretary of State