

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000069201 (8)**

1. Corporation Name
CASH 4 TIRES USA, INC.



Principal Place of Business: **ROUTE 1, BOX 83-A JASPER FL 32052**
Mailing Address: **ROUTE 1, BOX 83-A JASPER FL 32052**

3. Date Incorporated or Qualified: **09/05/1995** 3a. Date of Last Report: **N/A.**

4. FLI Number: [] 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 [] 2a. Mailing Address: 26 []

22 Suite, Apt. #, etc.: [] 27 Suite, Apt. #, etc.: []

23 City & State: [] 28 City & State: []

24 Zip: [] 25 Country: [] 29 Zip: [] 30 Country: []

9. Name and Address of Current Registered Agent

**HALL, JAY W
ROUTE 1, BOX 83-A
JASPER FL 32052**

10. Name and Address of New Registered Agent

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 607.0507 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: [] (If the Registered Agent signature required when "re-appointing") DATE: []

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, JAY W	1.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 83-A	1.3 STREET ADDRESS	
CITY-ST-ZIP	JASPER FL 32052	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRYWAY, DAVID C	2.2 NAME	
STREET ADDRESS	RR4 (6648) AMHERSTBURG,	2.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO, CANADA N49-2Y9	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUDOYN, CHARLES L	3.2 NAME	
STREET ADDRESS	RR3 (4480) WINDSOR,	3.3 STREET ADDRESS	
CITY-ST-ZIP	ONTARIO, CANADA N9A6Z6	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 supplementary 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, unchanged, or on an attachment with an address.

SIGNATURE: **X** *[Signature]* **April 29/96** **904-792-3646**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)