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**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000031385 (3)

E.J.V. TIRES & ACCESSORIES, INC.

Principal Place of Business

Mailing Address

9303 8 ORANGE AVE

9303 S ORANGE AVE

## **FILED** May 09 1997 8:00am Secretary of State



| ONDARRO FE 3                             | H-VC-T   |                   | On.       | DINOVIC 9E0ET-9110                    |        |   |   |   |               |                                       |                                       |
|--|--|-------------------|-----------|---------------------------------------|--------|---|---|---|---------------|---------------------------------------|---------------------------------------|
| ·  | ·  |                   |           |                                       |        |   |   | 3. Date Incorporated or Qualified 04/10/1996  | 3a. Date of L | asl Rec                               | oorl                                  |
| 2. Principal Pi                          | 2. Principal Place of Business                 |                   |           | 2a. Mailing Address                   |        |   |   | 4. FEI Number   | I             | <del></del>                           | lied For                              |
| 1 3075 Lions Court                       |  |                   |           | 26 3075 Lions Court                   |        |   |   | +   |               |                                       | Applicable                            |
| Sulte, Apt. #, etc.                      |  |                   |           | Suite, Apt. #, etc.                   |        |   |   | 5. Certificate of Status Desired  | 1 1 7 -       | . <b>75</b> Ad<br>ee Req              |                                       |
| City & State 23 Kissimmee, Florida 34744 |  |                   |           | City & State  28 Kissimmee, Florida 3 |        |   | a 34744   | Election Campaign Financing     Trust Fund Contribution                             |               | 5.00 M                                |                                       |
| Zip                                      | Cou  |                   | 20        | Zip                                   |        | Countr  |   | 8. This corporation has liability for   |               |                                       |                                       |
| 34744                                    | <b>├</b> ```                                   | ceola             | 29        | 34744                                 |        |   | eola  | 1   | Yes No        | IUCI S. I                             | 139.032,                              |
| <b>A</b>                                 | 9, Name and Address of Current Registered Agen |                   |           |                                       | 1271   | 10. Name and Address of New Registered Agent          |   |   |               |                                       |                                       |
| VELE                                     | Z. ELSTON J                                    |                   |           |                                       |        | 81  | Name  |   |               |                                       |                                       |
| 9303 S ORANGE AVE                        |  |                   |           |                                       |        | 82 Street Address (F.O. Box Number is Not Acceptable) |   |   |               |                                       |                                       |
| ORLANDO FL 32824                         |  |                   |           | [82]                                  |        |   | 82 Street Address (F.O. Box Number is Not Acceptable) |   |               |                                       |                                       |
| VIII                                     |  |                   |           |                                       |        | 83  | 3   |   |               |                                       |                                       |
|  |  |                   |           |                                       |        | 84  | Cily  |   | <b>65</b>     | Zip Co                                | ode                                   |
|  |  |                   |           |                                       |        |   |   |   | FL  "         | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
| agent. I a<br>SIGNATURE                  | m familiar with, and a                         | accept the obliga | itions Ol | f, Section 607.0505, F                | lorida | Statute   | 98.   | rporation submits this statement for the pation's board of directors. I hereby acce |               | int as re                             | gistered                              |
| <u> </u>                                 | Signature, typed or printed re                 |                   |           |                                       |        |   | gent signature requ                                   | uired when reinstaling)   | DATE          |                                       |                                       |
| 12.                                      |  | OFFICERS AND      | DIREC     |                                       |        | 13.   |   | ADDITIONS/CHANGES TO OFFICE   |               |                                       | -                                     |
| TITLE                                    | DP   | 1                 |           | ☐ DELETÉ                              | - 1    | 1.1 THLE  |   |   | ☐ CI          | ange                                  | Addition                              |
| 'NAME                                    | VELEZ, ELSTON                                  |                   |           |                                       | - 1    | 1.2 NAME  |   |   |               |                                       |                                       |
| STREET ADDRESS                           | P.O. BOX 59236                                 |                   |           |                                       |        |   | 1 Address   |   |               |                                       |                                       |
| CITY-ST-ZIP                              | ORLANDO FL 32                                  | :009              |           | DELETE                                |        | 1.4 CITY -  | ST-ZIP  |   |               | 22200                                 | Madica                                |
| TITLE                                    | DST  |                   |           | ☐ DELE1E                              |        | 2.1 TITLE   |   |   |               | iange                                 | Addition                              |
| NAME                                     | Velez, Luz y<br>  P.O. Box 59236:              | <b>.</b>          |           |                                       | - 1    | 2.2 NAME  | į   |   |               |                                       |                                       |
| STREET ADDRESS                           | ORLANDO FL 32                                  |                   |           |                                       | - 1    |   | T ADDRESS   |   |               |                                       |                                       |
| CITY-ST-ZIP                              | UNLANDU PL 32                                  | :008              |           | DELETE                                |        | 2. # CITY   |   |   | □ CI          | nanne                                 | Addition                              |
| TITLE                                    |  |                   |           | ויי אנונונ                            |        | 3.1 TITLE   |   |   | L_I U         | iarige                                | r_1 wanitat                           |
| NAME<br>OTOSSET ADDRESS                  |  |                   |           |                                       |        | 3.2 NAME  |   |   |               |                                       |                                       |
| STREET ADDRESS                           |  |                   |           |                                       |        |   | T ADDRESS   |   | -             |                                       |                                       |
| CITY-ST-ZIP                              |  |                   |           | ☐ D£LETE                              |        | 3.4. CITY   | <del></del>   |   | □ Ct          | nange                                 | Addition                              |
| TITLE                                    |  |                   |           | □ out                                 |        | 4.1 TITLE   |   |   |               | io i i g G                            | F*1 Montagu                           |
| NAME                                     |  |                   |           |                                       |        | 4. 2 NAM  |   |   |               |                                       |                                       |
| STREET ADDRESS                           |  |                   |           |                                       |        |   | T ADDRESS   |   |               |                                       |                                       |
| CITY-ST-ZIP                              |  |                   |           | DELETE                                |        | 4.4 CITY -  | SI-7IP  |   | Псі           | nanne                                 | Addition                              |
| TITLE                                    |  |                   |           | T Dereie                              |        | 5.1 TITLE   | .   | •   | FT (          | wild                                  | r=1 wooming                           |
| NAME                                     |  |                   |           |                                       |        | 5.2 NAME  |   |   |               |                                       |                                       |
| STREET ADDRESS                           |  |                   |           |                                       | 1      |   | 1 ADDRESS   |   |               |                                       |                                       |
| CITY-ST-ZIP                              |  |                   | ··        | DELETE                                |        | 5.4 CHY-  |   |   |               | hanna                                 | Addition                              |
| TITLE                                    |  |                   |           | UELETE.                               | - 1    | 6.1 TITLE   |   |   | [] [          | ange                                  | L AUUIIION                            |
| NAME                                     |  |                   |           |                                       |        | 6.2 NAME  |   |   |               |                                       |                                       |
| STREET ADDRESS                           | 1.5  |                   |           |                                       |        |   | 1 ADDRESS   |   |               |                                       |                                       |
| CITY-ST-ZIP                              |  |                   |           |                                       |        | 6.4 CITY-   | -S1-ZIP   |   |               |                                       |                                       |

I do hereby certify that the information supplied with this filling 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 eath; 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, of an anatochypen with an address.

4-25-97 [407] 933-0333