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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000089219

1. Corporation Name

BOSTON TIRE, INC.

Principal Place of Business

% PAUL MCALDUFF 1301 S.W. 2ND STREET POMPANO BEACH FL 33069		% Paul McAlduff 1301 S.W. 2ND STREET POMPANO BEACH FL 33069			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  10/30/1996						
2. Principal Pl	ace of Business	2a. Mailing Address				FEI Number				lied For	
21		26				!	<u>65-07044 13</u>		40.7		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5.	Certifcate of Status Desired		•	r <b>o</b> Ad e Red	iditional uired
City & State		City & State	City & State				Election Campaign Financing		\$5	00 4	lav Be
23		28	¬ '			1	Trust Fund Contribution			ded to	,
Zip	Country	Zip	Cou	intry		8.	This corporation owes the curre	ent year Intan	gible		
24	25	29	30				Personal Property Tax.	[	Yes	[	□No
	9. Name and Address of Current	Registered Agent		Γ.,		10.	Name and Address of New R	tegistered A	gent		
1404	DUTE DAIR			81	Name		•				
	lduff, Paul S.W. 2nd Street		82 Street			Address (P.O. Box Number is Not Acceptable)					
POPA	ANO BEACH FL 33069										
				84	City			FI	85	Zip Cı	ode
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 ANI		13.			A	ADDITIONS/CHANGES TO OFF		DIRE ☐ Cha		Addition
TITLE	D	DELETE	1,1 TI						Cila	nge	☐ Addition
NAME	MCALDUFF, PAUL		1.2 NAME								]
STREET ADDRESS	1301 S.W. 2ND STREET				ADDRESS						-
CITY-ST-ZIP	POMPANO BEACH FL 33069	☐ DELETE	1.4 CI 2.1 Ti	TY-ST	-ZIP				Cha	nge	Addition
TITLE	D MCCARTHY, RICHARD		2.2 N						_	•	_
NAME STREET ADDRESS	1301 S.W. 2ND STREET	•		2.3 STREET ADDRESS							
CITY-ST-ZIP	POMPANO BEACH FL 33069		2.4 CITY-ST-ZIP								
TITLE	TOTAL SELECTIFIC COSCO			3.1 TITLE			<del></del>	•	Cha	nge	Addition
NAME			3.2 N	AME	İ						
STREET ADDRESS			3.3 S	TREET	ADDRESS						
CITY-ST-ZIP		<u></u>	3.4. C	ITY-S	T-ZIP				_==		
TITLE		☐ DELETE	4.1 Ti	TLE					Cha	inge	☐ Addition
NAME			4. 2 N								[
STREET ADDRESS					ADDRESS						ĺ
CITY-ST-ZIP		☐ DELETE		ITY-ST	r-ZIP				☐ Cha	nnae	☐ Addition
TITLE		C) DELETE	5.1 TI 5.2 N							iigo	
NAME					ADDRESS						
STREET ADDRESS			I I	TY-ST							
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TI		<del></del>				Cha	ınge	Addition
NAME		<u> </u>	6.2 N	AME							
											i

14. 1 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90049 028 \*\*\*150.00