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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

S72013

(3)

A & B TIRES, INC.									
Principal Place	of Bus-ness	Mailing Address				-	1880 (III 0404) (II		IBN 04011 81011 1701
200 S. BIS	Cayne Blvd. Ail Center, Suite 3650	200 S. BISCAYNE BLVD. S.E. FINCNAIL CENTER, SUITE 3650 MIAMI FL 33131-2394							
MINNI PL					3. Date Incorporated or Qualified 3a. Date of Last Report 04/26/1995				
2. Principal Pla 21	ce of Business	2a. Mailing Address 26			4. FEI Number Applied For Not Applicabl			Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State	Country	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
7/p 24	Z _I p 29	Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No				
	9. Name and Address of Curr	ent Hegistered Agent		81	Name	10. Name and Address of New R	egistered Ag	ent	
			["	name				
200 SC	N, RICHARD J. ALAN DUTH BISCAYNE BLVD.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
SUITE			ľ	83					
	FL 33131-2394				City		FL		p Code
or registere	o the provisions of Sections 607.05 id agent, or both, in the State of Flo n, and accept the obligations of, Se	orida. Such change was authorize	s, the aboved by the co	e-na orpo	amed corporal ration's board	tion submits this statement for the pur of directors. Thereby accept the appr	pose of chang pintment as re	jing its r gister∈d	egistered office l agent. I am
SIGNATURE _									
12.	Signature, typed or printed name of registered ag	IND DIRECTORS	13.	Agent	signature required s	ADDITIONS/CHANGES TO OFF	DATE CEDS AND O	IDECTO	DO IN 10
TiTLE	V DELETE		1. 1 TiT	i F		ADDITIONS CHANGES TO OFF		Change	Addition
NAME	BENNETT, MARTIN	<u></u>		1.2 NAME				onong.	
STREET ADDRESS	990 HIALEAH DR			1.3 STREET ADDRESS					
CITY-ST-ZIP	HIALEAH FL		1.4 CITY - ST						
TITLE		☐ DELETE	2. 1 TITLE					Change	Addition
NAME		2.2		2.2 NAME			_		
STREET ADDRESS			2.3 STA	REETA	ADORESS .				
C-TY-ST-ZIP			2.4 CITY - ST - ZIP						
TITLE		☐ DELETE	3. 1 TITLE			•	- 🗀	Change	Addition
NAME			3.2 NAM	ME					
STREET ADDRESS			3.3 ST	REET A	ADDRESS				
C-1Y-S1-7IP			3.4 CIT	Y-51	- ZIP				
TIILE		DELETE	4. 1 TIT	LE				Change	Addition
NAME			4.2 NAM	ME					
STREET ADDRESS					ADDRESS				
CITY-SI-ZIP		- Druste	4.4 CIT		- ZIP			<u> </u>	
THILE		☐ DELETE	5 1 TIT				Ц	Change	☐ Addition
NAME			5 2 NAM						
STREET ADDRESS					DORESS				
City-ST-ZIP		DELETE	5.4 CITY-		- ZIP			Change	Addition
NAME				6 1 TITLE 62 NAME				Change	Addition
					DODECO				
STREET ADDRESS					NDDRESS 210				
14. Edo hereby	certify that the information supplies	d with this filing is voluntarily furni	64 CIT shed and d			the exemption stated in Section 119.	07(3)(k) Florid	a Statut	les I further
certify that i oath; that I	the information indicated on this an	nual report or supplemental annu poration or the receiver or trustee	ial report is empowere	true	and accurate	e and that my signature shall have the report as required by Chapter 607, Flo	same legal eff	ect as if	l made under

SIGNATURE: X Marxin Bonnett MARTIN BENNETT 4/25/96 305-888-6080