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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S89152

(0)

Mailing Address

J. & W. WHEEL, INC.

Principal Place of Business

FILED Apr 30 1997 8:00am Secretary of State

|  | <b>3</b> 1111 <b>3111 311</b> 11 | 8281 BIBIL 1881 |
|--|----------------------------------|-----------------|

| 4646 N.W. 17 AVE.<br>MIAMI FL 33142 |  | 4546 N.W. 17 AVE.<br>Miami Fl 33142-4133  |                                |                       |  |                                  |                                       |
|-------------------------------------|--|---|--------------------------------|-----------------------|--|----------------------------------|---------------------------------------|
|                                     |  |   |                                |                       | Date Incorporated or Qualified     10/23/1991  | 3a. Date of Last R<br>01/25/1996 | eport                                 |
| 2. Principal P                      | Place of Business  | 2a. Mailing Address   | 2a. Mailing Address            |                       | 4. FEI Number  | Ap                               | oplied For                            |
| 21                                  |  | 26  |                                | 65-0337767            | Not Applicable   |                                  |                                       |
| Sulte, Apt. #, etc.                 |  | Suite, Apt. #, etc.   |                                |                       | 5. Certificate of Status Desired Service Servi |                                  |                                       |
| City & Stat                         | le   | City & State  | City & State                   |                       | 6. Election Campaign Financing \$5.00 May Be   |                                  |                                       |
| 23                                  | 28   |   |                                |                       | Trust Fund Contribution Added to Fees  |                                  |                                       |
| Zip                                 | Country  | Zip   | Country                        |                       | 8. This corporation has liability for intangible tax under s. 199.032,   |                                  |                                       |
| 24                                  | 25   | 29  | 30                             |                       |  | Yes No                           |                                       |
|                                     | 9. Name and Address of Cui   | rrent Registered Agent  |                                | 1 Name                | 10. Name and Address of New Reg  | Jistered Agent                   |                                       |
|                                     | inson, ernest  |   | *                              | 1 Name                |  |                                  |                                       |
|                                     | 0 NW 45TH ST.  |   | 82 Street Addr                 |                       | ress (P.O. Box Number is Not Acceptable  | ie)                              | · · · · · · · · · · · · · · · · · · · |
| MIA                                 | MI FL  |   | L                              |                       |  |                                  |                                       |
|                                     |  |   | 8                              | 3                     |  |                                  |                                       |
| f e                                 |  |   | 8                              | 4 City                |  | FI 85 Zip (                      | Code                                  |
| 44 Purcuent                         | to the provisions of Sections 607  | 0502 and 607 1509 Florida Stat  | utos the obc                   | ve pamod por          | poration submits this statement for the p  |                                  | te registered                         |
| office or a<br>agent. I a           | registered agent, or both, in the Stam familiar with, and accept the ob- | usuz and 607,1506, Florida stat<br>tate of Florida. Such change was<br>aligations of, Section 607,0506, I | s authorized<br>Florida Statut | by the corpora<br>es. | poration submits this statement for the pitton's board of directors. I hereby accep  | t the appointment as             | registered                            |
| SIGNATURE                           | Signature, typed or printed name of registered                           | Larger, and tile if auplication (N  | OH: Registered A               | gent signature requ   | ired when reinstating)   | DATE                             |                                       |
| 12.                                 |  | AND DIRECTORS   | 13.                            | gon righting broad    | ADDITIONS/CHANGES TO OFFIC   |                                  | 3S IN 12                              |
| TITLE                               | P  | DELETE  | 1.1 TITU                       |                       |  | ☐ Change                         | Addition                              |
| NAME                                | WILLINGHAM, ALPHE  |   | 1.2 NAM                        |                       |  |                                  |                                       |
| STREET ADDRESS                      | 10535 NW 27TH AVE.   |   | 1.3 STRE                       | ET ADDRESS            | •  |                                  |                                       |
| CITY-ST-ZIP                         | MIAMI FL 33147   |   | 1.4 CHY                        |                       |  |                                  |                                       |
| TITLE                               | S  | DELETE  | 21 71/11                       |                       |  | Change                           | Addition                              |
| NAME                                | JOHNSON, ERNEST  |   | 2.2 NAM                        | £                     |  |                                  |                                       |
| STREET ADDRESS                      | 3260 NW 45TH ST.   |   | 2 3 STRE                       | ET ADDRESS            |  |                                  |                                       |
| CITY-ST-ZIP                         | MIAMI FL 33142   |   |                                | -ST-ZIP               |  |                                  |                                       |
| TITLE                               |  | DELETE  | 3.1 TITLE                      |                       |  | Change                           | Addition                              |
| NAME                                |  |   | 3.2 NAM                        | .                     |  | •                                |                                       |
| STREET ADDRESS                      |  |   | 3.3 STRf                       | E1 ADDRESS            |  |                                  |                                       |
| CITY-ST-ZIP                         |  |   | 3.4 CII)                       | '-ST-ZIP              |  |                                  |                                       |
| TITLE                               |  | DELETE  | 4.1 T(1L)                      |                       |  | Change                           | Addition                              |
| NAME *                              |  |   | 4, 2 NAN                       | IE :                  |  |                                  |                                       |
| STREET ADDRESS                      |  |   | 4.3 STRE                       | ET ADDRESS            |  |                                  |                                       |
| CITY-ST-ZIP                         |  |   |                                | - ST - ZIP            |  |                                  |                                       |
| TITLE                               |  | DELETE  | 5.1 TITLE                      |                       |  | ☐ Change                         | Addition                              |
| NAME                                | `  |   | 52 NAM                         | E                     |  | ·                                |                                       |
| STREET ADDRESS                      |  |   |                                | ET ADDRESS            |  |                                  |                                       |
| CITY-ST-ZIP                         |  |   |                                | - S1 - ZIP            |  |                                  |                                       |
| TITLE                               |  | ☐ DELETE  | 6.1 Trit                       |                       |  | Change                           | Addition                              |
| NAME                                |  | _   | 6.2 NAM                        |                       |  | •                                |                                       |
| STREET ADDRESS                      |  |   |                                | E1 ADDRESS            |  |                                  |                                       |
|                                     |  |   | 6.4 C(1 Y                      |                       |  |                                  |                                       |
| CITY-ST-ZIP                         | <b></b>  |   | 0.9 (11)                       | - 31 - ZIF            |  |                                  |                                       |

4. I do 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 logal 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 inchanged, or on an attachment with an address.

CIONATURE.

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