


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

FILED

May 21 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Moody</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # S97184 (3)**

1. Corporation Name  
**AMERICAN CUSTOM WHEEL & TIRE, INC.**

Principal Place of Business <b>AMERICAN CUSTOM WHEEL &amp; TIRE, INC</b> <b>4302 E 10TH AVE SUITE 105</b> <b>TAMPA FL 33605</b> <b>US</b>	Mailing Address <b>AMERICAN CUSTOM WHEEL AND TIRE, INC</b> <b>524 EMERWOOD DRIVE</b> <b>BRANDON FL 33511-7945</b> <b>US</b>
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2. Principal Place of Business 21 <b>524 EMERWOOD DR</b> Suite, Apt #, etc. 22 City & State 23 <b>BRANDON, FL</b> Zip 24 <b>33511</b>	2a. Mailing Address 25 <b>524 EMERWOOD DR</b> Suite, Apt #, etc. 26 City & State 27 Zip 28 <b>33511</b>	3. Date Incorporated or Qualified <b>11/27/1991</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>59-3094735</b>	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	Additional Fee Required <b>\$8.75</b>		
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	May Be Added to Fees <b>\$5.00</b>		

9. Name and Address of Current Registered Agent <b>ADAIR, ROGER T.</b> <b>524 EMERWOOD DR.</b> <b>BRANDON FL 33511</b>	10. Name and Address of New Registered Agent 81 Name <b>CORBETT, H.R.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>524 EMERWOOD DR</b> 83 84 City <b>BRANDON</b> <b>FL</b> 85 Zip Code <b>33511</b>
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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 H.R. Corbett H.R. CORBETT, PRES. 5-9-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>ADAIR, ROGER T.</b> <b>524 EMERWOOD DR.</b> <b>BRANDON FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>CURRIER, SAM</b> <b>30790 WITT LAKE RD.</b> <b>BURR OAK MI</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>CORBETT, H.R.</b> <b>4313 WALPINE</b> <b>KNOXVILLE TN</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>MACKEY, GERALD</b> <b>101 HOUSTON ST.</b> <b>TIMPSON TX</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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.

SIGNATURE: H.R. Corbett 4-21-97 813-654-1780  
Date Daytime Phone #

CR2E034 (9/96)