

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

FILED
May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # V41067 1. Corporation Name Tires Calore, Inc.							
Principal Place of Business 410 State Rd 7 Hollywood FL 33024 US		Mailing Address 1470 N Federal Hwy Pompano Bch FL 33062 US					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country					
3. Date Incorporated or Qualified 06/04/1992		3a. Date of Last Report 01/17/96					
4. FEI Number 65-0341952		Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees					
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							
9. Name and Address of Current Registered Agent D'Keebe, Kenneth 1470 N Federal Hwy Pompano Bch FL 33062		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City Pompano Beach FL 85 Zip Code 33062					
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 dated application) (NOTE: Registered Agent Signature required when reappointing) DATE _____							
12. OFFICERS AND DIRECTORS 1.1 TITLE PD 1.2 NAME Lighter, Jay E. 1.3 STREET ADDRESS 3216 NE 31 Ave. 1.4 CITY-ST-ZIP Lighthouse PT FL 1.5 TITLE <input checked="" type="checkbox"/> DELETE 1.6 NAME VTD 1.7 STREET ADDRESS D'Keebe, Kenneth 1.8 CITY-ST-ZIP 3800 NE 30th Ave. 1.9 CITY-ST-ZIP Lighthouse PT FL 1.10 TITLE <input type="checkbox"/> DELETE 1.11 NAME 1.12 STREET ADDRESS 1.13 CITY-ST-ZIP 1.14 TITLE <input type="checkbox"/> DELETE 1.15 NAME 1.16 STREET ADDRESS 1.17 CITY-ST-ZIP 1.18 TITLE <input type="checkbox"/> DELETE 1.19 NAME 1.20 STREET ADDRESS 1.21 CITY-ST-ZIP 1.22 TITLE <input type="checkbox"/> DELETE 1.23 NAME 1.24 STREET ADDRESS 1.25 CITY-ST-ZIP				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE P/S/T/D 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
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: Kenneth O'Keeffe 5/15/97 1-9549416320 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

CR2E034 (9/96)