						۸	٠٠/				
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00							F	ILE	D		
COR	PROFIT PPORATION	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				Apr 01 1	998	8 8	:00	0an	
	JAL REPORT 1998					Secretary of State					
DOCUI	MENT # MOO849	(3)									
	ERN INDUSTRIAL TIRE, INC.						A HARIFANI INI BAHNI BAHNI ARINI AKAN	A11 613 H 610'	11 EARTH 21 0		
Principal Place	e of Business	Mailing Address									
2616 E. TAMA PO BOX 0787 WEST PALM I		P. O. BOX 26065 CHARLOTTE NC 28221-8065 US				DO NOT WRITE IN THIS SPACE					
						18	 Date Incorporated or Qualified 05/21/1984 				
2. Principal P	lace of Business	2a. Mailing Address				4	I. FEI Number			App	lied For
21		26					59-2457909			$\overline{}$	Applicable
Suite, Apt.	<u> </u>	Suite, Ap1 #, etc.					3. Certificate of Status Desired		Fe	ee Req	
City & State	0	City & State			•	 Election Campaign Financing Trust Fund Contribution 	П		.00 M		
23 Zip	Zip	7ip Country				3. This corporation owes or has p					
24	26	29	30				Personal Property Tax due Jur	ne 30.	Yes		_
	9. Name and Address of Current	Registered Agent		-		1(D. Name and Address of New F	egistered	i Agent		
	RRICK, E.T.			81	Name						
	IS E. TAMARIND AVE			82	Street A	ddress	(P.O. Box Number is Not Accept	able)			
₩.	PALM BEACH FL 33407			83							
										<u> </u>	
				84	City			FL	L 85	Zip Co	ode
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	and 607.1508, Florida State of Florida, Such change was ons of, Section 607.0505, F	utes, the i s authorize florida Sta	above ed by atutes	a-named of the corposit	corporati oration's	ion submits this statement for the board of directors. I hereby acc	purpose o	of chang pointme	ing its	registered egistered
SIGNATURE											
12.	Signature typed or printed name of registered agent OFFICERS AND		JTE Register		nt signature r	required wh	en reinstating) ADDITIONS/CHANGES TO OFF	DATE	ID DIREC	CTORS	IN 12
TITLE	P	DELETE		1.1 TITLE			TODAYON WINGEO TO OTT	102,107,0	Chi		Addition
NAME	GARRICK, E.T.		1.2	NAME	Į.						
STREET ADDRESS	2616 E. TAMARIND AVE.		1.3 S		ADDRESS						
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-ST-ZIP		T-ZIP				· 177 2.		T
TITLE	8	☐ DELETE		TITLE					□ Cha	ange	Addition Addition
NAME	CONNER, ROBERT				2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS	321 ATANDO AVE. CHARLOTTE NC			CITY-S							
CITY-ST-ZIP TITLE	OTPUEDITE IIO	DELETE		TITLE	31 - 28				☐ Ch	ange	Addition
NAME				3.2 NAME							
STREET ADDRESS			335		3 3 STREET ADDRESS						
CITY-ST-ZIP				3 4. CITY-ST-ZIP							T
TITLE		L_J DELETE			4.1 TITLE				☐ Ch	ange	Addition
NAME				NAME	I DRAFFT						
STREET ADDRESS					ADDRESS :						
CITY-ST-ZIP TITLE		DELETE		CITY-S TITLE	1-ZIP				☐ Chi	ange	Addition
NAME				NAME						-	

14. I 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 fuel and accounte and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comparation 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 1

5 3 STREET ADDRESS

63 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ Change ☐ Addition