

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

FILED
Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 668716 (4)
 1. Corporation Name
HARLEY-DAVIDSON OF MELBOURNE, INC.



Principal Place of Business 6030 N. HARBOR CITY BLVD MELBOURNE FL 32940	Mailing Address 6030 N. HARBOR CITY BLVD MELBOURNE FL 32940-7434
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3. Date Incorporated or Qualified 05/02/1980	3a. Date of Last Report 04/05/1996
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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4. FEI Number 59-1995923	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
**OKTELA, RICHARD
 6030 N. HARBOR CITY BLVD.
 MELBOURNE FL 32940**

10. Name and Address of New Registered Agent

81. Name Steven L. Oktela
82. Street Address (P.O. Box Number is Not Acceptable) 6030 N. Harbor City Blvd.
83. Melbourne, FL 32940
84. City FL 85. Zip Code

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: *Steven L. Oktela* **Steven L. Oktela Pres. 4-2-97**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OKTELA, RICHARD	
STREET ADDRESS	2821 WOODSMILL DR	
CITY - ST - ZIP	MELBOURNE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OKTELA, GLADYS	
STREET ADDRESS	2821 WOODSMILL DR	
CITY - ST - ZIP	MELBOURNE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Oktela, Steven L.	
1.3 STREET ADDRESS	2855 Mariah Dr.	
1.4 CITY - ST - ZIP	Melbourne, FL 32940	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Oktela, Carol D.	
2.3 STREET ADDRESS	2855 Mariah Dr.	
2.4 CITY - ST - ZIP	Melbourne, FL 32940	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Oktela, Gladys	
3.3 STREET ADDRESS	2475 Buena Vista Ave.	
3.4 CITY - ST - ZIP	Melbourne, FL 32934	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Oktela, Richard	
4.3 STREET ADDRESS	2175 Buena Vista Ave.	
4.4 CITY - ST - ZIP	Melbourne, FL 32934	
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: *Steven L. Oktela* **Steven L. Oktela 4-2-97 407-259-1311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)