

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

**REVISED  
PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JUL 29 AM 9:39

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 668716**

1. Corporation Name

Harley-Davidson of Melbourne, Inc.

Principal Place of Business

6030 N. Harbor City Blvd.  
Melbourne, FL 32940

Mailing Address

Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-1995923

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

Oktela, Steven L.  
6030 N. Harbor City Blvd.  
Melbourne, FL 32940

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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

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  
NAME Oktela, Steven L.  
STREET ADDRESS 6030 N. Harbor City Blvd.  
CITY-ST-ZIP Melbourne, FL 32940  DELETE

TITLE VD  
NAME Oktela, Carol D.  
STREET ADDRESS 2855 Mariah Drive  
CITY-ST-ZIP Melbourne, FL  DELETE

TITLE S  
NAME Oktela, Gladys  
STREET ADDRESS 2175 Buena Vista Ave.  
CITY-ST-ZIP Melbourne, FL  DELETE

TITLE T  
NAME Oktela, Richard  
STREET ADDRESS 2175 Buena Vista Ave.  
CITY-ST-ZIP Melbourne, FL  DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE VST  Change  Addition  
2.2 NAME Oktela, Carol D.  
2.3 STREET ADDRESS 2855 Mariah Drive  
2.4 CITY-ST-ZIP Melbourne, FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven L. Oktela

7-8-98

Date

(407) 259-1311

Daytime Phone #

CR2E034 (11/98)

800002955468-12  
-08/10/99-01029-012  
\*\*\*\*\*61.250\*\*\*\*\*

Handwritten initials and signature