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FILED
Jan 29, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



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

01-29-1999 90033 013 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # H10788

1. Corporation Name TECH WHEELS, INC.

Principal Place of Business

Mailing Address

423 RIVER ISLE COURT LONGWOOD FL 32729 US

P.O. BOX 941145 MAITLAND FL 32794 UA

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4 25 29 30

3. Date Incorporated or Qualified

07/02/1984

4. FEI Number

59-2425009

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

SABOFF, JAMES R 423 RIVER ISLE COURT LONGWOOD FL 32729

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 [ ] DELETE

NAME FOEDERER, DAVID W STREET ADDRESS P.O. BOX 462 (N/A) CITY-ST-ZIP LAKE CANTER WA 98629

TITLE CFOD [ ] DELETE

NAME SABOFF, JAMES R STREET ADDRESS 423 RIVER ISLE COURT CITY-ST-ZIP LONGWOOD FL 32729

TITLE [ ] DELETE

NAME [ ] DELETE

STREET ADDRESS [ ] DELETE

CITY-ST-ZIP [ ] DELETE

TITLE [ ] DELETE

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CITY-ST-ZIP [ ] DELETE

TITLE [ ] DELETE

NAME [ ] DELETE

STREET ADDRESS [ ] DELETE

CITY-ST-ZIP [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Addition

1.2 NAME [ ] Change [ ] Addition

1.3 STREET ADDRESS [ ] Change [ ] Addition

1.4 CITY-ST-ZIP [ ] Change [ ] Addition

2.1 TITLE [ ] Change [ ] Addition

2.2 NAME [ ] Change [ ] Addition

2.3 STREET ADDRESS [ ] Change [ ] Addition

2.4 CITY-ST-ZIP [ ] Change [ ] Addition

3.1 TITLE [ ] Change [ ] Addition

3.2 NAME [ ] Change [ ] Addition

3.3 STREET ADDRESS [ ] Change [ ] Addition

3.4 CITY-ST-ZIP [ ] Change [ ] Addition

4.1 TITLE [ ] Change [ ] Addition

4.2 NAME [ ] Change [ ] Addition

4.3 STREET ADDRESS [ ] Change [ ] Addition

4.4 CITY-ST-ZIP [ ] Change [ ] Addition

5.1 TITLE [ ] Change [ ] Addition

5.2 NAME [ ] Change [ ] Addition

5.3 STREET ADDRESS [ ] Change [ ] Addition

5.4 CITY-ST-ZIP [ ] Change [ ] Addition

6.1 TITLE [ ] Change [ ] Addition

6.2 NAME [ ] Change [ ] Addition

6.3 STREET ADDRESS [ ] Change [ ] Addition

6.4 CITY-ST-ZIP [ ] Change [ ] Addition

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

SIGNATURE REQUIRED R SABOFF

Date

1/12/99 (407) 532-9712 Daytime Phone #

CR2E034 (11/98)