

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

FILED
May 19 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 # **L718666**
1. Corporation Name

MOTORCYCLE DOCTOR, INC.

DBA BIKE DOCTOR OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

3a. Date of Last Report

5/10/90

4. FEI Number

65-0184679

Applied For

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

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\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes

☐

Yes

☒

No

2. Principal Place of Business

21 350 N.W. 27th AVENUE

Suite, Apt. #, etc.

22

City & State

23 FT LAUDERDALE FL

Zip

24 33311

Country

2a. Mailing Address

26 C/O MAS

Suite, Apt. #, etc.

27 P.O. Box 771210

City & State

28 Coral Springs, FL

Zip

29 33077-1210

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Joseph E. Miller

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

C/O MAS

83

210 University Drive Suite 502

84 City

Coral Springs

FL

85 Zip Code

33077

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]

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ROBERT D ANGELO PRESIDENT 350 N.W. 27th AVENUE

FT LAUDERDALE FL 33311

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP

101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-ST-ZIP

111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY-ST-ZIP

121 TITLE 122 NAME 123 STREET ADDRESS 124 CITY-ST-ZIP

131 TITLE 132 NAME 133 STREET ADDRESS 134 CITY-ST-ZIP

141 TITLE 142 NAME 143 STREET ADDRESS 144 CITY-ST-ZIP

151 TITLE 152 NAME 153 STREET ADDRESS 154 CITY-ST-ZIP

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211 TITLE 212 NAME 213 STREET ADDRESS 214 CITY-ST-ZIP

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261 TITLE 262 NAME 263 STREET ADDRESS 264 CITY-ST-ZIP

271 TITLE 272 NAME 273 STREET ADDRESS 274 CITY-ST-ZIP

281 TITLE 282 NAME 283 STREET ADDRESS 284 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. 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: X *[Signature]* Robert D Angelo 4/29/97 4/29/97

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***165.00

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