

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
C. JAMES B. MORRIS
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **P94000027451 (1)**

1. Corporation Name

ALL MAKES MOTORCYCLE SHOP, INC.

30 MAY - 1 11:10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**41 NORTH CONGRESS AVE.
BAY-5-B
DELRAY BEACH FL 33445**

Mailing Address

**41 NORTH CONGRESS AVE.
BAY-5-B
DELRAY BEACH FL 33445**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0486965

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

24

25

Zip

Country

29

30

8. This corporation has liability for intangible tax under S. 19H.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**PRINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81

Name **SEAN POWERS**

82

Street Address (P.O. Box Number is Not Acceptable)
41 NORTH CONGRESS AV BAY-5-B

83

84

City **DELRAY BEACH**

FL

85

Zip Code **33445**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Sean Powers

SEAN POWERS PRESIDENT

5/8/95

Signature (Typed or printed name of registered agent not acceptable)

NOTE: Registered Agent signature must be in blue ink

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

POWERS, SEAN

STREET ADDRESS

41 NORTH CONGRESS AVE. BAY 5-B

CITY- ST- ZIP

DELRAY BEACH FL 33445

TITLE

D

NAME

COLLINS, MARJORIE J

*MISPELLED
NAME*

STREET ADDRESS

5135 WASHINGTON RD.

CITY- ST- ZIP

DELRAY BEACH FL 33484

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

Change Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

Change Addition

22 NAME

D COLLINS MARJORIE

23 STREET ADDRESS

5135 WASHINGTON Rd

24 CITY- ST- ZIP

DELRAY BEACH FL 33484

31 TITLE

Change Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

Change Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

Change Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

Change Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Marjorie J. Collins

April 11, 1995

407-243-0229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARJORIE J. COLLINS