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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000043091 (2)

WILD ONE MOTORCYCLE COMPANY, INC.

Principal P

22

23 Zip 24

FILED Apr 03 1998 8:00am Secretary of State

Principal Place of Business	Mailing Addres	Mailing Address			r rastitati stå sarre ream antet atter fåter baste niåta tette fåtit fallt idet		
4215 SOUTHPOINT BLVD. #100 JACKBONVILLE FL 32218		4215 SOUTHPOINT BLVD. #100 JACKSONVILLE FL 32216			DO NOT WRITE IN THIS	SPACE	
					 Date Incorporated or Qualified 05/15/1997 		
2. Principal Place of Business	2a, Mailing Add	2a. Mailing Address 26			4, FEI Number 59-34449275	Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #	Suite, Apt. #. etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State)			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip 29	¬ '		, "	This corporation owes or has paid the corporate Property Tax due June 30.	urrent year Intangible Yes No	
g Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
SCHNBIDER, MICHAEL N 100 NATIONAL FINANCIAL BUILDING 4215 SOUTHPOINT BOULEVARD JACKSONVILLE FL 32216			81	Name			
			82	Street Address (P.O. Box Number is Not Acceptable)			
			в3				
			84	City		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 a	m familiar with, and accept the obligations of, Se	ction 607.0505, Flo	rida Statutes.	portation of surpoterior interest accept the appointment at registered
SIGNATURE	Stonature, lyped or printed name of registered agent and title if app	licable. (NOT)	Registered Agent signature	e required when reinstating) DATE
12,	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	5	DELETE	1.1 THLE	DIP C. Addition
NAME	WILSON, GLYNN		1.2 NAME	Wilson, Glynn 827 20th Street N.
STREET ADDRESS	827 20TH STREET NORTH		1.3 STREET ADDRESS	1827 20E STIEET N.
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		1.4 CITY-ST-ZIP	Jacksonville Beach, FC 32250
TITLE	Ū	DELETE	2.1 THTLE	Change Addition
NAME	MANGANI, MICHAEL F		2.2 NAME	mangani, Michael 915 301 ave. N.
STREET ADDRESS	915 3RD AVENUE NORTH		2.3 STREET ADDRESS	1915 30 ave. N.
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		2.4 CITY - ST - ZIP	Jacksonville Beach, FC 32250
TITLE		☐ DELETE	3 1 111LE	I < IT I Change № Addition I
NAME			3.2 NAME	Wilson, Debbie
STREET ADDRESS			3.3 STREET ADDRESS	Wilson, Debbie 827 20th Street N.
CITY-ST-ZIP			3.4. CITY - ST - ZIP	Jacksonville Beach, FL 32250
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREFT ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 tichanged, or or an attachment with an address.

KH) 27500