


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

FILED

Jan 27 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																																																											
<b>DOCUMENT # 538695 (8)</b> 1. Corporation Name <b>MOPED AMERICA CORPORATION</b>																																																																																													
Principal Place of Business <b>P O BOX 10729</b> <b>JACKSONVILLE FL 32247-7729</b>		Mailing Address <b>P O BOX 10729</b> <b>JACKSONVILLE FL 32247-0729</b>																																																																																											
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28																																																																																											
3. Date incorporated or Qualified <b>07/05/1977</b>		3a. Date of Last Report <b>05/01/1996</b>																																																																																											
4. FEI Number <b>59-1759208</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																											
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																																											
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																											
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																													
9. Name and Address of Current Registered Agent <b>MC CORKLE, THOMAS J</b> <b>10475-110 FORTUNE PKWY</b> <b>JACKSONVILLE, FL</b> <b>JACKSONVILLE FL 32256</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ DATE _____ <small>(Signature of the person providing the registered agent and title is applicable) (NOTE: Registered Agent signature required when reinstating)</small>																																																																																													
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D MC CORKLE, THOMAS J 10475-110 FORTUNE PKWY JACKSONVILLE, FL 00000</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>TITLE</td> <td>ST PURCELL, CARLENA E 10475-110 FORTUNE PKWY JACKSONVILLE, FL 00000</td> <td style="text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>TITLE</td> <td>PD MCCORKLE, ALLAN J 10475-110 FORTUNE PKWY JACKSONVILLE, FL 00000</td> <td style="text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> DELETE</td> </tr> </table>		TITLE	D MC CORKLE, THOMAS J 10475-110 FORTUNE PKWY JACKSONVILLE, FL 00000	<input type="checkbox"/> DELETE	TITLE	ST PURCELL, CARLENA E 10475-110 FORTUNE PKWY JACKSONVILLE, FL 00000	<input type="checkbox"/> DELETE	TITLE	PD MCCORKLE, ALLAN J 10475-110 FORTUNE PKWY JACKSONVILLE, FL 00000	<input type="checkbox"/> DELETE	TITLE		<input type="checkbox"/> DELETE	TITLE		<input type="checkbox"/> DELETE	TITLE		<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1.1 TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME			1.3 STREET ADDRESS			1.4 CITY - ST - ZIP			2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY - ST - ZIP			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY - ST - ZIP			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY - ST - ZIP			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY - ST - ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY - ST - ZIP		
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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; 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: <u>Carlena E. Purcell</u> <b>CARLENA E. PURCELL, SECRETARY</b> 1/9/97 904-363-6339 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																													

CR2E034 (9/96)