

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 740937 (8)

1. Corporation Name

FORT LAUDERDALE STREET RODS, INC.



Principal Place of Business

Mailing Address

11333 NW 20 DRIVE

CORAL SPRINGS FL 33063  
US

P.O. BOX 936023

MARGATE FL 33093-6023  
US3. Date Incorporated or Qualified  
12/02/19773a. Date of Last Report  
05/01/19964. FEI Number  
59-2403053Applied For  
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORD, CRAIG  
11333 NW 20 DRIVE  
CORAL SPRINGS FL 3306381 Name  
Shelley J. Richardson  
82 Street Address (P.O. Box Number is Not Acceptable)  
3631 N.W. 80th Ave  
83  
84 City  
Coral Springs FL 85 Zip Code  
3306511. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Shelley J. Richardson

3-3-97

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, JOSEPH	
STREET ADDRESS	3631 NW 80 AVE.	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GEASHON, DAVE	
STREET ADDRESS	4000 NW 4 STREET	
CITY - ST - ZIP	COCONUT CREEK FL	
TITLE	SDD	<input checked="" type="checkbox"/> DELETE
NAME	FORD, CRAIG	
STREET ADDRESS	11333 N.W. 20 DRIVE	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE	TDD	<input checked="" type="checkbox"/> DELETE
NAME	WORKS, MARSHA	
STREET ADDRESS	6610 NW 22 STREET	
CITY - ST - ZIP	MARGATE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ford, Craig	
1.3 STREET ADDRESS	11333 N.W. 20 Drive	
1.4 CITY - ST - ZIP	Coral SPRINGS, FL 33065	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Nigro Richard	
2.3 STREET ADDRESS	1963 Hartfordway	
2.4 CITY - ST - ZIP	Coral SPRINGS 33071	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Shannon, Patty	
3.3 STREET ADDRESS	4901 S.W. 12th St	
3.4 CITY - ST - ZIP	Margate, FL 33068	
4.1 TITLE	TREASURE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richardson, Shelley	
4.3 STREET ADDRESS	3631 N.W. 80th Ave	
4.4 CITY - ST - ZIP	Coral Springs, FL 33065	
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		

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 617, Florida Statutes; and that my name  
appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Shelley J. Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-97 954-341-5205

Date

Daytime Phone # 0026380

CR2E037 (9/96)