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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 854523

181

| 1. Corporation MOTOR(| CYCLE STUFF, INC. | | (0) | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------|---------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| | | | | | | 1/61/ 4 /4/ 4 /4/ 6 /4/ 6 /6/ 6/6/ |
| Principal Place | e of Business | Mailing A | ddress | | | |
| 7501 ADAMO TAMPA FL 33619 US | | | PO BOX 1179 CAPE GIRARDEAU MO 63702-1179 US | | | |
| | | | | | 1 | Date of Last Report |
| 2. Principal P | lace of Business | 2a. Mailing | Address | | 10/28/1982 4. FEI Number | 04/16/1996 Applied For |
| 21 | | 26 | | | 43-1101827 | Not Applicable |
| Sulte, Apt. #, etc. | | — — · | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | <u> </u> | 27 City 8 | City & Stato | | | Fee Required |
| 23 | • | | 28 | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | | Country | 8. This corporation has liability for intang | |
| 24 | 25 | 29 | | 30 | Florida Statutes X Yes | |
| 9. Name and Address of Current Registered Agent ADV (ANATUAN) 81 Name | | | | | 10. Name and Address of New Registered Agent | |
| APY, JONATHAN 1034 NW 184 WAY | | | | | rence house | |
| PEMBROKE PARK FL 33029 | | | 82 Sireer Add | ocs (P.D. Box Number is Not Acceptable) | ircle | |
| 83 | | | | | | |
| | | | | 84 City | effner 1 | FL 85 3358 |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-n | | | | | poration submits this statement for the purportion's heard of directors. I become accept the | se of changing its registered |
| 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 Blorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I art familiar with, and accept the disligations of Section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE Signature, typed or printed hance of regulared and titled applicable (NOTE Registered Agent signature required when reinstalling) DATE | | | | | | |
| 12. | | ND DIRECTORS | | 13. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 |
| TALE | PD | | DÉLETE | 1.1 TITLE | | Change Addition |
| NAME | DODD, SUSAN K | | | 1.2 NAME | | |
| STREET ADDRESS | SS 2107 WOODHAVEN DR. CAPE GIRARDEAU, MO 00000 6370 | | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | VD | 0 03/01 | DELFIE | 1.4 CITY- \$1-ZIP 2.1 TITLE | | Change Addition |
| NAME | DODD, TIMOTHY M | | | 2.2 NAME | | |
| STREET ADDRESS | 531 N MIDDLE | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CAPE GIRARDEAU MO | | | 2 4 CHY-ST-7IP | | |
| TITLE - | SO . | | DELETE | 3 1 TITLE | | Change Addition |
| NAME | DODD, JOHN | | | 3 2 NAME | | |
| STREET ADDRESS | 1227 PERRYVILLE RD. CAPE GIRARDEAU MO | | | 3 3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | TD | | DELETE | 3.4. City - St - ZiP 4.1 Title | | Change Addition |
| NAME | REINAGEL, RON | | | 4. 2 NAME | | |
| STREET ADDRESS | 420 TULIP LANE | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | KELSO MO 63758 | | | 4.4 C(1Y - S1 - Z(P | | |
| TITLE | | | DELETE | 5.1 THLE | | Change Addition |
| NAME | | | | 5.2 NAME | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | ļ |
| CITY-ST-ZIP TITLE | | | DELETE | 5.4 CITY - ST - ZIP 6.1 TITLE | | Change Addition |
| NAME | | | | 6.2 NAME | | <u> </u> |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | |
| * | ì | | | | | |

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 phipowered 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.

4/21/97

FILED

Apr 30 1997 8:00am

Secretary of State