FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J40695 (5)

1. Corporation Name

BORTON MOTORS, INC.

Principal Place of Business

2201 NORTH FEDERAL HIGHWAY
DELRAY BEACH FL 33483

Mailing Address

2201 NORTH FEDERAL HIGHWAY
DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: 11/03/1986

3a. Date of Last Report: 03/22/1995

4. FEI Number: 59-2738044 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

O'BRIEN, JOHN L.
400 S. DIXIE HWY.
BLDG. IV, STE. 422
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	CEO	☒ Change ☐ Addition
NAME	BERGH, KJELL		1.2 NAME		
STREET ADDRESS	6700 POINT DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	EDINA MN 55435		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	SHEFFER, LOREN		2.2 NAME		
STREET ADDRESS	925 NW 7TH CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33445		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LINDAHL, KENNETH H		3.2 NAME		
STREET ADDRESS	4120 PEBBLEBROOK DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BLOOMINGTON MN		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BERGH, MARIA		4.2 NAME		
STREET ADDRESS	5428 LYNDALE AVE. SO.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96
Date

Daytime Phone #

CR2E034 (12/95)