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FILED
Feb 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J40695

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1986

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22
City & State

23
Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27
City & State

28
Zip Country

29

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

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	CEO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGH, KJELL	1.2 NAME	
STREET ADDRESS	6700 POINT DR.	1.3 STREET ADDRESS	1153 HARBOR DRIVE
CITY-ST-ZIP	EDINA MN	1.4 CITY-ST-ZIP	DELRAY Bch, FL 33483
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEFFER, LOREN	2.2 NAME	
STREET ADDRESS	925 NW 7TH CT.	2.3 STREET ADDRESS	2201 N. FEDERAL HWY
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	DELRAY Bch, FL 33483
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 S/T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGH, MARIA	4.2 NAME	
STREET ADDRESS	5428 LYNDALE AVE. SO.	4.3 STREET ADDRESS	1153 HARBOR DRIVE
CITY-ST-ZIP	MINNEAPOLIS MN	4.4 CITY-ST-ZIP	DELRAY Bch, FL 33483
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)