## 5-12-98 B 3183 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K58995

(7)

## **FILED** Mar 12 1998 8:00am Secretary of State

| T & K  | FRONT WHEEL DRIVE, INC                  | <b>).</b>   |                                  |   |                                  |
|--|---|---|----------------------------------|---|----------------------------------|
| Principal Plac   | e of Business                           | Mailing Address                                   |                                  | a teditoren Abt flasat iffish antif iffin diet flem i & | MIN ALDER BIDNE GEREL AIDES ERE. |
| 3701 NW 16TH ST 3701 NW 16 ST  |   |   |                                  | ì   |                                  |
| LAUDERHILL FL 33311-4100 LAUDERHILL FL 33311-4100  |   |   |                                  | DO NOT MORE IN THE                                      | C CDACE                          |
| US   |   | U\$   |                                  | DO NOT WRITE IN THI                                     | S SPACE                          |
| ľ  |   |   |                                  | 3. Date Incorporated or Qualified 01/12/1989            | •                                |
| 9 Principal P  | Place of Business                       | 2a. Mailing Address                               |                                  | 4. FEI Number   | Analised Cor                     |
| 21   | race of Business                        | 26 Midning Address                                |                                  | 65-0095106  | Applied For Not Applicable       |
| Suite, Apt.  | #. etc.                                 | Suite, Apl. #, etc.                               |                                  |   | \$8.75 Additional                |
| 22   |   | 27  |                                  | 5. Certificate of Status Desired                        | Fee Required                     |
| City & Stat  | e                                       | City & State                                      |                                  | 6. Election Campaign Financing                          | \$5.00 May Be                    |
| 23   |   | 28  |                                  | Trust Fund Contribution                                 | Added to Fees                    |
| Ziρ  | Country                                 | Zip   | Country                          | 8. This corporation owes or has paid the                | current year Intangible          |
| 24   | 25                                      | 29 30   |                                  | Personal Property Tax due June 30.                      | Yes No                           |
|  | 9. Name and Address of Curre            | nt Registered Agent                               |                                  | 10. Name and Address of New Registers                   | d Agent                          |
|  | ATZ, TIM                                |   | 81 Name                          |   | į                                |
| 5440 NW 86 WAY   |   |   | 82 Street Addr                   | ess (P.O. Box Number is Not Acceptable)                 |                                  |
| ( CC   | ORAL SPRINGS FL 33067                   |   |                                  |   |                                  |
|  |   |   | 63                               |   |                                  |
| }  |   |   | 84 City                          |   | 85 Zip Code                      |
| L  |   |   | 1 1                              | <b>F</b>  | LII                              |
| 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 arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |   |   |                                  |   |                                  |
| agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   |   |   |                                  |   |                                  |
| SIGNATURE  | - Man) Baa                              |   |                                  | <i>3/5</i>  | 798                              |
| L  |   | ent aptituit i applicable (NOTE R<br>ID OFFICTORS | eg-stored Agent signature requir | ADDITIONS/CHANGES TO OFFICERS A                         | ND DIDECTOROUNIAN                |
| 12.  | P                                       | DELETE  | 13.                              | ADDITIONS/CHANGES TO OFFICERS A                         | Change Addition                  |
| NAME   | KAATZ, TIM                              | LJ beech  | 1.2 NAME                         |   | C outside C sanotion             |
| STREET ADDRESS   | 5440 N.W. 86TH WAY                      |   | 1.3 STREET ADDRESS               |   | ) į                              |
| CITY-ST-ZIP  | CORAL SPRINGS FL                        |   | 1.4 CITY-ST-ZIP                  |   |                                  |
| TITLE  | V                                       | DELETE  | 2.1 TrTLE                        |   | Change Addition                  |
| NAME   | KAATZ, KEVIN                            |   | 22 NAME                          |   |                                  |
| STREET ADDRESS   | 731 NW 65TH AVE                         |   | 2.3 STREET ADDRESS               |   |                                  |
| CITY-ST-ZIP  | MARGATE FL                              |   | 2.4 CITY-ST-ZIP                  |   | Ì                                |
| TITLE  | <del></del>                             | DELETE  | 3.1 TITLE                        |   | Change Addition                  |
| NAME   |   |   | 32 NAME                          |   | . –                              |
| STREET ADDRESS   |   |   | 3.3 STREET ADDRESS               |   | }                                |
| CITY-ST-ZIP  |   |   | 3.4. CITY-ST-ZIP                 |   |                                  |
| TITLE  |   | DELETE  | 4.1 TITLE                        |   | Change Addition                  |
| NAME   |   |   | 4. 2 NAME                        |   | 1                                |
| STREET ADDRESS   |   |   | 4.3 STREET ADDRESS               |   | ]                                |
| CITY-ST-ZIP  |   |   | 4.4 CITY - ST - ZIP              |   |                                  |
| TITLE  |   | DELETE  | 5.1 TITLE                        |   | Change Addition                  |
| NAME   |   |   | 5.2 NAME                         |   | İ                                |
| STREET ADDRESS   |   |   | 5.3 STREET ADDRESS               |   | }                                |
| CITY-ST-ZIP  |   |   | 54 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 hereby o   | cortify that the information supplied v | with this filing does not qualify for the         | ne 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 ar 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.

Tim Kaatz,

President

(954) 792–9866

SIGNATURE:

(954) 792-9866