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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # L42716

(5)

SOUTHEAST DIRECT MOTORCYCLE ACCESSORIES, INC.

Principal Place of Business 4907 N. UNIVERSITY DR. LAUDERHILL FL 33351		Mailing Address 4907 N. UNIVERSITY DR. LAUDERHILL FL 33351-5747			
				3. Date Incorporated or Qualified 01/17/1990	3a. Date of Last Report 02/15/1996
2. Principa! P	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0165770	Applied For Not Applicable
Suite, Apt 22	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30	, , , , , , , , , , , , , , , , , , , ,	Yes No
	9. Name and Address of Current	Registered Agent	04 41	10. Name and Address of New Reg	listered Agent
	IY, KENNETH		81 Name		
4727 N.W. 87 LANE CORAL SPRINGS FL 33067				82 Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84 City		FL 85 Zip Code
Office or r	registored agent, or both, in the State am familiar with, and accept the obligation Signature, typed or profest name of registered agent OFFICERS AND	of Florida, Such change was authors of, Section 607,0505, Flor countries applicable (NOTE	ithorized by the corporal	poration submits this statement for the pution's board of directors. I hereby acception when reinstating. ADDITIONS/CHANGES TO OFFICE	t the appointment as registered
THE	P	DELETE	1.1 TITLE		Change Addition
NAME	NOONAN, KEVIN F.	, -	1.2 NAME		
SUREFT ADDRESS	1237 SPRING CIRCLE DR		1.3 STREET ADDRESS		
C(1Y+ST-ZIP	CORAL SPRINGS FL		1.4 CITY - ST-ZIP		
TITLE	X President	DELETE	2.1 TITLE		Change Addition
NAME.	FAHY, KENNETH		2.2 NAME		-
STREET ADORESS	4727 NW 87 LANE		2.3 STREET ADDRESS		
CHY-ST-Z0F	CORAL SPRINGS FL		2. 4 CITY - ST - ZIP		
TETLE	ST	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NOONAN, CAROLYN H.	/ `	3.2 NAME	and the second second	***
STREET ADDRESS	1237 SPRING CIRCLE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIF	CORAL SPRINGS FL		3.4. CITY - ST - ZIP		
T-TLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ACCRESS			4.3 STREET ADDRESS		
C(1Y-S1-7/F		—	4.4 CHTY - ST - ZIP		
HILE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STHEET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-7/P		- Lan. 1944	5.4 CITY-ST-ZIP		T Observed T Assess
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	1		62 NAME		

14. I do hereby cell by 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 3 if changed, or on any attachment with an address.

63 STREET ADDRESS

64 CITY-ST-ZIP

STREET ADDRESS

FILED

Feb 25 1997 8:00am

Secretary of State