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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L42716 1. Corporation Name

SOUTHEAST DIRECT MOTORCYCLE ACCESSORIES, INC.

Principal Pla	ce of Business	Mailing Addre	ess					
TOO THE OTHER DESIGNATION OF THE OTHER DESIGNA			7 N. UNIVERSITY DR.					
LAUDERHILL F	FL 33351	LAUDERHILL F	L 33351			DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qualifed	·	•
						01/17/1990		
2. Principal	Place of Business	2a. Mailing A	ddress			4. FEI Number	Ap	plied For
21		26	Suite, Apt. #, etc.			65-0165770	·No	t Applicable
Suite, Apt	t. #, etc.					5. Certificate of Status Desired   \$8.75 Additional Fee Required		
22		27	<del> </del>					<del></del>
City & Sta	ate .	— ´	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23		28		O		Trust Fund Contribution		o rees
Zip	Country	Zip	_	Country		8. This corporation owes the current year	r intangible □Yes	□No
24	25	[29]	30	1		Personal Property Tax.  10. Name and Address of New Registe		<u></u>
	9. Name and Address of Cu	urrent Registered Age	nt	81	Nama	10. Name and Address of New Registe	eu Agent	
EAL	UV VENNETU			01	Name			
FAHY, KENNETH 4727 N.W. 87 LANE CORAL SPRINGS FL 33067				82	82 Street Address (P.O. Box Number is Not Acceptable)			
						(2) (19年1年 、 1947年 年 、 東京の 、 東京の対象の対象の対象の対象の対象の対象の対象の対象の対象を対象が対象の対象の対象の対象の対象の対象の対象の対象の対象の対象の対象の対象の対象の対		
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				84	City	1	85 Zip	
				Ì	-	poration submits this statement for the purpos	₹ <b>L</b>   ``   ``	
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
40	Signature, typed or printed name of registere		(HOTE: Rag		t organization of resignation	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	P		DELETE	1.1 TITLE		1, 1, 1,	☐ Change	☐ Additio
NAME	FAHY, KENNETH			1.2 NAME				
STREET ADDRES	ss 4727 NW 87 LANE			1.3 STREET	ADDRESS	•		
CITY-ST-ZIP	CORAL SPRINGS FL			1.4 CITY-S	r-ZIP			
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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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

116149

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90056 012 \*\*\*150.00