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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

L65785 **DOCUMENT #**

(2)

| i Liit Oli | RMANCE MOTORCYCLE I | PARTS, INC. | | | |
|--|---|--|--|---|--|
| rincipal Place of | Business | Mailing Address | | | |
| 2842 PONKAN PINES DRIVE C/O STEVEN PLOTKIN APOPKA FL 32712-5624 | | 2842 PONKAN PINES DRIVE C/O STEVEN PLOTKIN APOPKA FL 32712-5624 | | 3. Date Incorporated or Qualified 3a. Date of Last Report 04/13/1990 05/01/1995 | |
| | | | | 04/13/1990 | Applied For |
| . Principal Place | of Business | 2a. Mailing Address | | 4. FEI Number 59-3010169 | Not Applicable |
| | | 26 | | 33 30 10 103 | \$8.75 Additional |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 27 City & State | | 6. Election Campaign Financing | Fee Required |
| Ch. P Chata | | | | | \$5.00 May Be |
| City & State | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | <i>Z</i> ip | Country | 8. This corporation has liability for i | |
| Σψ | 25 | 29 | 30 | | □No |
| | 9. Name and Address of Curren | nt Registered Agent | | 10. Name and Address of New R | legistered Agent |
| | | | 81 Name | | |
| PLOTKIN | i, steven | | 82 Street Add | fress (P.O. Box Number is Not Acceptab | ole) |
| | NKAN PINES DR. | | | | |
| APOPKA | FL 32712 | | [83] | | |
| | | | 84 City | | 85 Zip Code |
| | | | | oration submits this statement for the pul and of directors. I hereby accept the app | FL Do Do Do Do Do Do Do D |
| Pursuant to or registered | agent, or both, in the State of Flor | rida. Such change was authori | ized by the corporation's box | | |
| or registered familiar with, IGNATURE | and accept the obligations of, Sec | ction 607.0505, Florida Statute | NOTE: Registered Agent signature required. | nd when reinstating) | DATE FICERS AND DIRECTORS IN 12 |
| or registered familiar with, IGNATURE Si | and accept the obligations of, Sec grafter typed or printed name of registeren ager OFFICERS AP | ction 607.0505, Florida Statute | 98. NOTE: Registerud Agrant signature requir | nd when reinstating) | DATE FICERS AND DIRECTORS IN 12 |
| or registered familiar with, IGNATURE St. | and accept the obligations of, Sec graftre, typed or printed name of registeren agor OFFICERS AN | ction 607.0505, Florida Statute | S. VOTE: Registered Agent signature requir | nd when reinstating) | DATE FICERS AND DIRECTORS IN 12 |
| or registered familiar with, IGNATURE Sk. 2. TLE | and accept the obligations of, Sec grafter typed or printed name of registeren ager OFFICERS AP | ction 607.0505, Florida Statute | NOTE: Registered Agent signature requited 13. | nd when reinstating) | DATE FICERS AND DIRECTORS IN 12 |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR