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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

M34478

(1)

Mailing Address

FASTBOLT FLORIDA, CORPORATION

Г	ILED	
May 07	1997	8:00am
Secret	ary of	State

. I A nn anna ann am	!! 	1 1871 E1811 B1811	

2805 S CONG DELRAY BEAC	RESS AVE CH FL 33445-7337	2905 S CONGRESS AVE DELRAY BEACH FL 3344						
					3. Date Incorporated or Qualified 06/30/1986		e of Last I	
	lace of Business	2a. Mailing Address			4, FEI Number		h	Applied For
21		26			59-2706461			lot Applicable
22 Suite, Api.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	0	City & State			Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Ζιρ 24	Country 25	Zip 29	Countr 30	<i>y</i>	This corporation has liability for in Florida Statutes	ntangible t Yes		s. 199,032,
	Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered A	gent	
BRI	te, paul m.		81	Name				
ACCE O COMODECO ANEMIE			62	Street Ad	dress (P.O. Box Number is Not Acceptab	le)		
			83			,		
			84	City		FL	85 Zip	Code
agent. La SIGNATURE	an familiar with, and accept the oblig				ration's board of directors. I hereby acceptions are supported when reinstating	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	DP	DELETE	1.1 TITLE				Change	Addition
NAME	BRITE, PAUL M.		1.2 NAME	j				
STREET ADDRESS	2905 S CONGRESS AVENUE		1.3 STREE	T ADDRESS				
CITY - ST - ZIP	DELRAY BCH. FL	DELETE	1.4 CITY-	ST-ZiP			Change	Addition
TITLE	D Zaukas, Albert	C) DELETE	2.1 TITLE 2.2 NAME				Unanye	Modition
NAME STREET ADDRESS	2905 S CONGRESS AVENUE			T ADDRESS				
CITY-SI-ZIP	DELRAY BCH. FL		2 4 CITY	1				
TITLE	D	DELETE	31 TITLE				Change	Addition
NAME	ZAUKAS, ANDREW		3.2 NAME					
STREET ADDRESS	2905 S CONGRESS AVENUE		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	DELRAY BCH. FL		3.4. CITY-	ST-ZIP			— 1	1 1 1 100
TITLE		☐ D€LETE	4.1 TITLE	. 1			Change	Addition
NAME STORET ADDOGGE			4. 2 NAM					
STREET ADDRESS CITY-ST-ZIP			4.3 STREE 4.4 CITY-	T ADDRESS				
TILE		DELETE	5.1 TITLE	VI-TIL			Change	☐ Addition
NAME			52 NAME	}			-	
STHEET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIF		···	5.4 CITY-	ST-ZIP				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS				
City-St-ZiP	1		6.4 CITY	ST-ZIP	//- 0 - //- 440 02/0VD Fig.//- 000			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 his receiver or truetoe 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 or an attachment with an address.

QUALITY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

169157

561-272-3100