

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M96051 (1)
1. Corporation Name
HARLEY DAVIDSON OF MARION COUNTY, INC.

Principal Place of Business
5331 N HWY 441
OCALA FL 34475

Mailing Address
5331 N HWY 441
OCALA FL 34475



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 190 Hickory Road Suite, Apt. #, etc. 22 City & State OCALA FL Zip 34472		2a. Mailing Address 26 190 Hickory Road Suite, Apt. #, etc. 27 City & State OCALA FL Zip 34472		3. Date Incorporated or Qualified 08/24/1988	
23 Country USA		28 Country USA		4. FEI Number 59-2898831	
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DINKINS, LEWIS E. 201 N.E. EIGHTH AVE. SUITE #100 OCALA FL 32670				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZDER, LEE	1.2 NAME	
STREET ADDRESS	5331 N HWY 441	1.3 STREET ADDRESS	190 Hickory Road
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	34472
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZDER, SHIRLEY	2.2 NAME	
STREET ADDRESS	5331 N HWY 441	2.3 STREET ADDRESS	190 Hickory Road
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	34472
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE
3/30/98

CR2E034 (10/97)