FILED Mar 03, 2004 8:00 am Secretary of State 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # N0300000173 1. Entity Name FLORIDA FOUR WHEEL DRIVE ASSOCIATION, INC. | | | | | | 03-03-2004 9001 | | | |
|--|---|---|--------------------------------------|--|-------------------------------------|----------------------------|-------------------------------|-----------------------------|--|
| Principal Place of Business 5301 SOUTH US HIGHWAY 17-92 CASSELBERRY, FL 32707 | | Mailing Address 5301 SOUTH US HIGHWAY 17-92 CASSELBERRY, FL 32707 | | | | | | | |
| 2. Principal P | lace of Business | 3. Mailing Address' | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 02282004 _{Cl} | hg-NP CR2E | 037 (10/03) | | |
| City & State | | City & State | | | 4. FEI Number | | | oplied For ot Applicable | |
| Zip Country | | Zip Countr | | | 5. Certificate of St | tatus Desired | \$8.75 Add | ditional | |
| Name and Address of Current Registered Agent | | | Name | 7. Name and Address of New Registered Agent Name | | | | | |
| KUFTIC, MICHAEL 669 S.W. NICHOLS TER | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | LUCIE, FL 34953 | | Street Address | | (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | | | 1 | | |
| | | | City | | | F | - 1 | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent. | | | | | | | | and accept | |
| SIGNATURE. | | | | | | | | | |
| - | Signature, typed or printed name of registered agent | and title if applicable. (NOTI | E: Registered Agent sig | nature required | (when reinstating) | DATE | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. | | | | | \$5.00 May Be Added to Fees | | ck payable to artment of S | | |
| 10. | OFFICERS AND DI | | 11. TITLE | | ADDITIONS/CHANG | ES TO OFFICERS AND | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | REICHE, CARL 5301 SOUTH US HIGHWAY 17-92 | | | | 00 SW21AVE SVII)E FL | 20607 | © Change | ☐ Addition | |
| TITLE | V | Z -Delete | CITY-ST-ZIP | V | SVIIIC FU | <u> </u> | Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | HARDWAY, RICH 1941 SHEELER OAKS DR. APOPKA, FL 32703 | | NAME STREET ADDRES CITY-ST-ZIP | s 1440 C | quillin Capriway N Etelsbutg | IE FL 33704 | | _ | |
| TIME | T | ☐ Delete | TITLE | 317 17 | CHUCOUNG | 16 33/01 | Change | Addition | |
| NAME STREET ADDRESS | KUFTIC, MICHAEL .669,S.W. NICHOLS,TERR | | NAME STREET, ADDRES | | | | | | |
| CITY-ST-ZIP | PORT ST. LUCIE, FL 34953 | <u>بالمنظل بنا حمل ها بنها ب</u> | CITY-ST-ZIP | | يد محددو سي ٠ | | | | |
| TITLE NAME | | ☐ Delete | TITLE | | | | Change | Addition | |
| STREET ADDRESS | | | NAME STREET ADDRES | s | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS CITY;ST-ZIP | | • | STREET ADDRES | s | , | | | | |
| TITLE | • | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | ا المستقدم | | NAME STREET ADDRES | s | | | | | |
| CiTY-ST-ZIP | | this filing does not qualify fo | CITY-ST-ZIP | stated in Sec | otion 110 07/2Vi) El | orido Statutas I further o | actific that the in | oformation | |
| 12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | |
| SIGNATURE: Michael KUFTIC 3-1-04 878998 SIGNATURE AND TYPED PRENTED NAME OF SIGNANG OFFICER ON DIRECTOR Date Date Description Proper Descriptions Descr | | | | | | | | | |