FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # N38750 (8)

FLORIDA STREET RODS, INC.

APPROVED AND FILED
95 MAY -1 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P O BOX 3653
WEST HOLLYWOOD FL 33083

P O BOX 3653
WEST HOLLYWOOD FL 33083

3. Date Incorporated: 06/21/1990
3a. Date of Last Report: 04/22/1994
4. FEI Number: 65-0202874 — Applied For / Not Applicable
5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required
6. Certificate of Status Desired: [ ] $5.00 May Be Added to Fees
7. Requested Amendments: [ ] $68.75 Supplemental Fee Not Required
8. Has corporation been subject to audit? [ ] Yes [ ] No

21 8759 sw 50 th pl.
22
23 Cooper City Fl.
24 33328
25 Broward

26 8759 sw 50 th pl.
27
28 Cooper City Fl.
29 33328
30 Broward

9. Name and Address of Current Registered Agent

SCOZZAFAVA, JOSEPH J
7820 TROPICANA ST.
SUITE 201A
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name: Michael A. Lepurage
82 8759 SW. 50 TH. PL.
83
84 Cooper City FL 85 33328

11. Pursuant to the provisions of Section 607.0505 of the Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. The registered office of this corporation shall be identical to the registered agent. The registered agent has agreed to accept the appointment as registered agent. The business address of the registered agent and the registered office shall be identical.

SIGNATURE: MICHAEL A. LEPURAGE — Michael A Lepurage — 4/28/95

12. Officers and Directors

TITLE	DPT
NAME	SCOZZAFAVA, JOSEPH J
ADDRESS	7820 TROPICANA ST
CITY	MIRAMAR FL
TITLE	VD
NAME	LEPURAGE, MICHAEL
ADDRESS	2430 BURMUDA DR
CITY	MIRAMAR FL
TITLE	SD
NAME	SMITH, KINDA
ADDRESS	401 NW 148TH ST
CITY	MIAMI FL
TITLE	D
NAME	MCCONNELL, PATRICK
ADDRESS	6771 GARFIELD ST.
CITY	HOLLYWOOD FL 33024
TITLE	D
NAME	BAYSINGER, MICHAEL
ADDRESS	3021 FRNAKLIN ST LOT 63
CITY	HOLLYWOOD FL
TITLE	D
NAME	ZSOLCZAI, ROBERT
ADDRESS	5441 N.W. 172 ST
CITY	MIAMI FL

13. Additional Officers and Directors

TITLE	DPT [X] Change [ ] Add
NAME	MICHAEL A LEPURAGE
ADDRESS	8759 SW. 50 th Pl.
CITY	COOPER CITY FL. 33328
TITLE	DVP [X] Change [ ] Add
NAME	Michael Baysinger
ADDRESS	4835 26 th Ave
CITY	FT. LAUDERDALE FL. 33312
TITLE	SD [X] Change [ ] Add
NAME	MAGGIE URIAH
ADDRESS	1962 NE. 69th. AVE
CITY	POMP. BCH. FL 33063
TITLE	TREA. [ ] Change [ ] Add
NAME	HONEY SCOTT
ADDRESS	6520 PINES BLVD
CITY	HOLLYWOOD FL. 33024 [X] Change [ ] Add
TITLE	[illegible] [ ] Change [ ] Add
NAME	[illegible]
ADDRESS	[illegible]
CITY	[illegible]

14. [illegible]

SIGNATURE: MICHAEL A. LEPURAGE — Michael A Lepurage — 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
305-434 0973

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