

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N38750 (8)**

1. Corporation Name

FLORIDA STREET RODS, INC.**FILED**
Feb 10 1997 8:00am
Secretary of State

Principal Place of Business

Mailing Address

**11430 NW 35 ST.
SUNRISE FL 33323-1420
US****11430 NW 35 ST.
SUNRISE FL 33323-1420
US**

3. Date Incorporated or Qualified

06/21/1990

3a. Date of Last Report

06/19/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**29****30**

4. FEI Number

65-0202874

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICHAEL A. LEPURAGE
11430 NW 35 ST.
SUITE 201A
SUNRISE FL 33323-1420**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 **DPT** ☐ DELETENAME **MICHAEL A LEPURAGE**STREET ADDRESS **11430 NW 35 ST.**CITY-ST-ZIP **SUNRISE FL**TITLE **DVP** ☐ DELETENAME **SIDNEY MORRA**STREET ADDRESS **1501 NW 73 TERR.**CITY-ST-ZIP **HOLLYWOOD FL**TITLE **SD** ☐ DELETENAME **MAGGIE URIAH**STREET ADDRESS **1962 SW 69TH AVE**CITY-ST-ZIP **POMP BCH. FL**TITLE **T** ☐ DELETENAME **HONEY SCOTT**STREET ADDRESS **6520 PINES PKY**CITY-ST-ZIP **HOLLYWOOD FL**TITLE **SGT** ☐ DELETENAME **CHRISTOPHER URIAH**STREET ADDRESS **1962 SW 69TH AVE**CITY-ST-ZIP **POMP BCH. FL**TITLE **D** ☐ DELETENAME **MICHAEL BAYSINGER**STREET ADDRESS **4885 28TH AVE.**CITY-ST-ZIP **FT. LAUDERDALE FL**1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0037102

CR2E037 (9/96)