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Mar 10 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N38750** (8)

1. Corporation Name

FLORIDA STREET RODS, INC.

Principal Place of Business

Mailing Address

**11430 NW 35 ST.
SUNRISE FL 33328
US**

**11430 NW 35 ST.
SUNRISE FL 33328
US**

3. Date Incorporated or Qualified

06/21/1990

4. FEI Number

65-0202874

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 33328**

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 ☐ DELETE

NAME **DPT
MICHAEL A LEPURAGE**
STREET ADDRESS **11430 NW 35 ST.**
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ DELETE

NAME **DVP
SIDNEY MORRA**
STREET ADDRESS **1501 NW 73 TERR.**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE

NAME **SD
MAGGIE URIA**
STREET ADDRESS **1962 SW 69TH AVE**
CITY-ST-ZIP **POMP BCH. FL**

TITLE ☐ DELETE

NAME **T
HONEY SCOTT**
STREET ADDRESS **6520 PINES PKY**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE

NAME **SGT
CHRISTOPHER URIA**
STREET ADDRESS **1962 SW 69TH AVE**
CITY-ST-ZIP **POMP BCH. FL**

TITLE ☐ DELETE

NAME **D
MICHAEL BAYSINGER**
STREET ADDRESS **4885 26TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE: *Michael A Lepurage* *Michael A Lepurage* 3-3-98

CP2E037 (10/97)