

ANNUAL REPORT

1995

DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS

STATE OF FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 45726

1. Corporation Name  
FLORIDA TRIALS ASSOCIATION MOTORCYCLE CLUB, INC.

000001456230  
-04/14/95--01011--001  
\*\*\*208.75 \*\*\*208.75

Principal Place of Business  
20008 LAKE HOLLY DR  
LUTZ, FL 33549

Mailing Address  
20008 LAKE HOLLY DR  
LUTZ, FL 33549

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/17/91	3a. Date of Last Report 9/11/94
4. FEI Number 59-3085978	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name MARC WALLER
82 Street Address (R.O. Box Number is Not Acceptable) 2605 N. WHEELER ST
83
84 City PLANT CITY
85 Zip Code FL 33565

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 *Marc Waller*

DATE 3/31/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	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
				P	MARC WALLER	2605 N. WHEELER ST	PLANT CITY, FL 33565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																			
				V	BROCK SATTELMEIER	PO BOX 317	GOTHA, FL 34734	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																			
				S/T	JEAN FLORIN	PO BOX 66	GRANT, FL 32949-0066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																			
				D	CALVIN DAVIDSON	16648 S.E 63 LANE	OKLAWAHA, FL 32179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																			
				D	STEVE WALLER	805 PECAN LANE	PLANT CITY, FL 33565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																			
								<input type="checkbox"/> Change <input type="checkbox"/> Addition																			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *Marc Waller* MARC WALLER 3/31/95 (813) 752-0295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Official Phone #)