FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

99 FEB 15 M 9: 11

SECRETARY OF STATE TALLARIASSEE, FLORIDA

DOCUMENT # N94000000902

VOLUSIA MUTORCYCLE TRAINING, INC

Principal Place of Business

GIGB OLYMPIC COURT PORT ORANGE, FL 32127 PORT ORANGE, FL 32127

Mailing Address

4108 OLYMPIC COURT

2. Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	
21	26		2/18/94	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22	27		59-3230301	Not Applicable
City & State	City & State			\$8.75 Additional
23	28		5. Certificate of Status Desired	Fee Required
Zip Country	Zıp	Country	6. Election Campaign Financing	\$5.00 May Be
24 25		10]	Trust Fund Contribution	Added to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
		81 Name Ks	MP, DENNIS	
i		82 Street Address (P.O. Box Number is Not Acceptable)		
		GILL OLYMPIC COURT		
63				
1				
		84 City	ORANGE 1	FL 85 Zip Code 32127
11. Pursuant to the provisions of Sections 617 0502	and 617 1508. Florida Statutes			
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 obligation	ons of, Section 617.0503, Florid	la Statules.		
SIGNATURE Signature, typed or printed name of registered agent a	LOI V			
12. OFFICERS AND		egistered Agent signature required 13.		CAND DIDECTORD IN 40
TITLE PD	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	
l leave se sue	L DELETE			Change Addition
I I I I I I I I I I I I I I I I I I I	-	1.2 NAME		
STALET ADDRESS -		1.3 STREET ADDRESS	800000277	'83085.
CITY-ST-ZIP PORT DRANGE, FL.		1.4 CITY-ST-ZIP	-02/17/99	01067002
TITLE STD	☐ DELETE	21 TITLE	80000277 	Addition
NAME KRMP, GLADYS		22 NAME		
STREET ADDRESS 4168 OLYMPIC COUNT		2.3 STREET ADDRESS		
CITY-ST-ZIP PORT DRANCE, FL	32127	2 4 CHTY-ST-ZIP		
TITLE	L3 DELET€	31 TITLE		Change Addition
HUE WANDS DEBURAH	_	3.2 NAME		
MANDS, DEBURAH STREET ADDRESS GIVE DE L'ANDIC COURT	- 2505 AUBURN	3 3 STREET ADDRESS		
CITY-ST-ZIP PORT OR NEW SM	YANA BEACH, FL	34 CITY-ST-ZIP		
TITUE	DELETE	4.1 TITLE	·	[] Change [] Addition
NAME		4. 2 NAME		<u></u>
STREET ADDRESS		4.3 STREET ADDRESS		
1 4 5 5 5 6 6				
CTV-ST-ZIP	☐ DELETE	4.4 CITY-ST-ZIP		
1 T	□ beceie	51 TITLE		Change Addition
NAME		5 2 NAME		
STREET ADDRESS		53 STREET ADORESS		
CITY-ST-ZIP		54 CiTY-ST-ZiP		
J.TITLE J.TITLE	☐ DELETE	61 TITLE		Change Addition
NAME		6.2 NAME	\	SN). (AM
STREET ADDRESS		6.3 STREET ADDRESS	·	~~ /W~~
077/07 70		64 CITY, ST. ZIP		1.1 W

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, with all other like empowered.

SIGNATURE: