PO) SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. APPROVEO AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) AND NONPROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 96 SEP - 4 PH 12: 01 DIVISION OF CORPORATIONS · 1996 SECRETARY OF STATE N95000000898 (5) DOCUMENT # TALLAHASSEE, FLORIDA INTERNATIONAL MOTORCYCLE FOUNDATION, INC. Principal Place of Business Mailing Address **30000194665** -09/13/96--01019--003 532 HAMES AVENUE 5930 CHENANGO LANE ORLANDO FL 32805 ORLANDO FL 32807 \*\*\*\*\*<u>61</u> .25 \*\*\*\*\*61.25 3. Date incorporated or Qualified 3a. Date of Last Report 02/23/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 3302567 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country • Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032 Yes No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CAMPBELL, WALTER J 82 Street Address (P.O. Box Number is Not Acceptable) **5930 CHENANGO LANE** 83 ORLANDO FL 32807 84 City Zip Code 85 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 it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (මුල්) (මුල්) DELETE Director Change Addition TITLE 1 1 TITLE WAITER J. BUTCH" CAMPBELL NAME **CR2E037** 5930 Chenanio Lane STREET ADDRESS 1.3 STREET ADDRESS 32807 ORLANDO, CITY - ST - ZIP 1.4 CITY - ST - ZIP Sec TREA D VAIN E ALBERT Addition TITLE DELETE 2.1 TITLE Change NAME 2.2 NAME 4537 HAZZIGROVE CT STREET ADDRESS 2.3 STREET ADDRESS 32818 OR Ando CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE Reed NAME 32 NAME Inglewook Cir. 3.3 STREET ADDRESS STREET ADDRESS Winser CITY-ST-ZIP 3 4. CITY - ST - ZIP Change Addition 4.1 TITLE TITLE U.P. PUTNAM NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4052 CASTICIATE OR MADO CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 0.6. 5.1 TITLE NAME 5.2 NAME Anderson Benda BRIGHT MEAdows STREET ADDRESS 5.3 STREET ADDRESS 866 CITY-ST-ZIP MARY 5.4 CITY - ST - ZIP Addition Change DELETE 6.1 TITLE TITLE Pape NAME 6.2 NAME STREET ADORESS **6.3 STREET ADDRESS** 6 4 CITY - ST - ZIP CITY-ST-ZIP 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 119.07(3)(k). 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 made under eath; 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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. FICER OF DIRECTOR DAYLOR J. CAMPBELL 8/6/96 (407) 273-3311

816/06

SIGNATURE:

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Linda Smith. 1802 Janice Ave. Oklando, Fl 32803

U.P.
MARY BETH Eichner
2726 Diamond STAR CT.
ORlando, Fl 32822