

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004229 (9)**

1. Corporation Name

**AMERICAN NATIONAL UNIMOTORCYCLISTS SOCIETY, INC.**



Principal Place of Business	Mailing Address
<b>4680 CEDAR ROAD NEW SMYRNA BEACH FL 32168</b>	<b>4680 CEDAR ROAD NEW SMYRNA BEACH FL 32168-9103</b>

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/31/1995</b>	3a. Date of Last Report <b>04/26/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3350101</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BURT, DAVID A 501 SOUTH RIDGEWOOD AVENUE DAYTON BEACH FL 32114</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b>	1.1 TITLE	<b>DPT</b>
NAME	<b>NASSAU, WILLIAM</b>	1.2 NAME	<b>NASSAU, WILLIAM</b>
STREET ADDRESS	<b>4680 CEDAR ROAD</b>	1.3 STREET ADDRESS	<b>4680 CEDAR RD.</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	1.4 CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32168</b>
TITLE	<b>D</b>	2.1 TITLE	
NAME	<b>BACK, NELSON</b>	2.2 NAME	
STREET ADDRESS	<b>RT 30A BOX 141</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CENTRAL BRIDGE NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DVP</b>	3.1 TITLE	<b>DV</b>
NAME	<b>SCHESKIE, ROBERT</b>	3.2 NAME	<b>SCHESKIE, ROBERT</b>
STREET ADDRESS	<b>838 CAVEDO STREET</b>	3.3 STREET ADDRESS	<b>838 CAVEDO STREET</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	3.4 CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32168</b>
TITLE	<b>S</b>	4.1 TITLE	<b>DS</b>
NAME	<b>KNUTH, DONNA</b>	4.2 NAME	<b>KNUTH, DONNA</b>
STREET ADDRESS	<b>4683 CEDAR ROAD</b>	4.3 STREET ADDRESS	<b>4663 CEDAR RD.</b>
CITY-ST-ZIP	<b>NEW SMYRNA FL</b>	4.4 CITY-ST-ZIP	<b>NEW SMYRNA, FL 32168</b>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: 

CR2E037 (9/96)