

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001977 (5)

1. Corporation Name

WHEELS OF EXCELLENCE, INC.

Principal Place of Business

3720 W OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33311

Mailing Address

3720 W OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33311-11513. Date Incorporated or Qualified
04/12/19963a. Date of Last Report
N/A

4. FEI Number

65-0718377

Applied For

Not Applicable

6. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

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

SHOMERS, DAVID W
3720 W OAKLAND PARK BLVD
LAUDERDALE LAKES FL 33311

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 D ☐ DELETE
NAME GADO, PETER
STREET ADDRESS 6336 NW 63 WAY
CITY-ST-ZIP PARKLAND FL 330871.1 TITLE SHOMERS, DAVID W. ☐ Change ☒ Addition
1.2 NAME 3720 W. OAKLAND PARK BLVD.
1.3 STREET ADDRESS LAUDERDALE LAKES, FL 33311
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME BROADHURST, WOODROW
STREET ADDRESS 5466 NW 88 TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 333102.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME RAYMOND, DANIEL N
STREET ADDRESS 4245 NW 52 AVE
CITY-ST-ZIP LAUDERDALE LAKES FL 333193.1 TITLE D/S ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS ← same
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME THOMAS, HUTCHINSON N
STREET ADDRESS 5574 SW 7 PLACE
CITY-ST-ZIP MARGATE S FL 330684.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME BOROS, DAVID
STREET ADDRESS 4910 SW 11 CIRCLE
CITY-ST-ZIP MARGATE FL 330685.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME MAIELLO, VINCENT
STREET ADDRESS 123 DEERCREEK BLVD #204
CITY-ST-ZIP DEERFIELD BEACH FL 334426.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

DAVID W. SHOMERS

4-2597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000

CR2E037 (9/96)