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Jun 25 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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

3. Date Incorporated or Qualified

04/12/1996

4. FEI Number

65-0718377

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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

TITLE 0 ☐ DELETE
NAME QADO, PETER
STREET ADDRESS 6336 NW 63 WAY
CITY-ST-ZIP PARKLAND FL 33067

TITLE 0 ☐ DELETE
NAME BROADHURST, WOODROW
STREET ADDRESS 5466 NW 88 TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33310

TITLE DS ☐ DELETE
NAME RAYMOND, DANIEL N
STREET ADDRESS 4245 NW 52 AVE
CITY-ST-ZIP LAUDERDALE LAKES FL

TITLE 0 ☐ DELETE
NAME THOMAS, HUTCHINSON N
STREET ADDRESS 5574 SW 7 PLACE
CITY-ST-ZIP MARGATE S FL 33068

TITLE 0 ☐ DELETE
NAME BOROS, DAVID
STREET ADDRESS 4910 SW 11 CIRCLE
CITY-ST-ZIP MARGATE FL 33068

TITLE 0 ☐ DELETE
NAME MAIELLO, VINCENT
STREET ADDRESS 123 DEERCREEK BLVD #204
CITY-ST-ZIP DEERFIELD BEACH FL 33442

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/T ☐ Change ☒ Addition
1.2 NAME DAVID W. SHOMERS
1.3 STREET ADDRESS 3720 W. OAKLAND PARK BLVD.
1.4 CITY-ST-ZIP LAUDERDALE LAKES, FL 33311

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE 0 ☒ Change ☐ Addition
4.2 NAME HUTCHINSON, THOMAS N.
4.3 STREET ADDRESS 5574 SW 7 Place
4.4 CITY-ST-ZIP MARGATE, FL 33068

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

DAVID W. SHOMERS

6-1-98

954-402-1197

CR2E037 (10/97)