

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90014 021 \*\*\*\*61.25

**DOCUMENT # N96000001977**

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

586253-90014-21



2. Principal Place of Business

1 Suite, Apt. #, etc.

3 City & State

4 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/12/1996

4. FEI Number

65-0718377

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 D ☐ DELETE

NAME GADO, PETER  
STREET ADDRESS 6336 NW 63 WAY  
CITY-ST-ZIP PARKLAND FL 33067

TITLE D ☒ 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 D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ 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 DT ☐ Change ☒ Addition

1.2 NAME SHOMERS, DAVID  
1.3 STREET ADDRESS 4240 NW 36 WAY  
1.4 CITY-ST-ZIP LAUDERDALE LAKES, FL 33309

2.1 TITLE DS ☐ Change ☒ Addition

2.2 NAME FORD, FRANCIS  
2.3 STREET ADDRESS 5103 NW 35 STREET  
2.4 CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME ROGERS, HAZELLE  
3.3 STREET ADDRESS 3670 NW 37 STREET  
3.4 CITY-ST-ZIP LAUDERDALE LAKES, FL 33311

4.1 TITLE D ☒ 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 DC ☒ Change ☐ Addition

5.2 NAME RAYMOND, DANIEL N.  
5.3 STREET ADDRESS 4245 NW 52 AVE  
5.4 CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1/99 954-497-1693

CR2E037 (5/99)