PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P27629

1. Corporation Name

FLORIDA WHEELS, INC.

BA-35- Add-								
Principal Place		Mailing Address						
3611 3RD ST W		8026 COLLINGWOOD CT						
BRADENTON FL 34205-8947		UNIVERSITY PARK FL 34201		DO NOT WRITE IN THIS SPACE				
US		US		3. Date Incorporated or Qualified				
					01/02/1990			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For				
21		26		58-1875407	58-1875407 Not Applica			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 Additional				
22		27		5. Certificate of Status Desired Fee Required				
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
23		28		Trust Fund Contribution Added to Fees				
Zip Country		Zip Country		8. This corporation owes the current year Ir	ntangible	_		
24	25	29	10		Personal Property Tax.	4 Yes	□No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent		
			81	Name				
	NA, BETTY ANN		82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
7330	BILTMORE DRIVE		102	808	26 COLLINGWOOD	2	1	
SAR	ASOTA FL 34231		83	111	ILICE HO ITH ON YI		/	
				110	TUERS TOY PITAL	1051.7	in Code	
			84	City	FI 55 / FI	L 85 Zi	ip Code 3 420/	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above	-named co	rporation submits this statement for the purpose of	f changing	its registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was aut	horized by I	the corpora	ation's board of directors. I hereby accept the appoint	ointment as	registered	
**	The familiar with, and accept the conge	20015 01, 000001 001.0000, 1 lone						
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOTE: F	Registered Agen	t signature requ	pired when reinstating) DATE			
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PST	☐ DELETE	1.1 TITLE			Chang	_	
NAME	DANNA, BETTY ANN		1.2 NAME		1 A - 1/14/6 11000	OT	-	
STREET ADDRESS	7330 BILTMORE DRIVE		1.3 STREET	ADDRESS	80 26 60 60 10000			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST	- ZIP	UNIVERSITY PAKK	FL	3424	
TITLE	VD	☐ DELETE	2.1 TITLE		8026 COLLINGWOOD UNIVERSITY PAKK 8026 COLLING WOO UNIVERSITY PAKK	Chang	je 🔲 Addition	
NAME	DANNA, BETTY ANN		2.2 NAME		And the war war	000	σ	
STREET ADDRESS	WAR DU THOUGH DON'T		2.3 STREET	ADDRESS	8026 (OLLING WO		7	
CITY-ST-ZIP	SARASOTA FL			T-ZIP	UNIVERSITY PARK	FC:	54201	
TITLE	- W	☐ DELETE	3.1 TITLE			☐ Chanç	e Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CfTY-S					
TITLE	***	☐ DELETE	4.1 TITLE			☐ Chang	ge Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
			4.4 CITY- ST	ļ				
CITY-ST-ZIP TITLE		□ DELETE	5.1 TITLE	- 411		☐ Chang	ge 🔲 Addition	
NAME		_ 5000.0	5.2 NAME					
	•		5.3 STREET	ADDRESS				
STREET ADDRESS			5.4 CITY-ST	1				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	_II		Chang	ge	
TITLE		□ nereig	6.2 NAME				,	
NAME			6.3 STREET	ADDDEEC				
STREET ANDRESS			■ 0.3 5 (KEE)	VDDKE99				

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 accorate 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 607. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90183 022 ***150.00