FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000015361 (8)

SINGLE-STROKE MOTORS, INC. Principal Place of Business Mailing Address 428 MUSKEGON AVE 428 MUSKEGON AVE VALPARAISO FL 32580-1717					
				3. Date Incorporated or Qualified	3a. Date of Last Report
6 0	I Physical Control of the Control of	Ma Maillian Addison		12/28/1992	04/24/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# 00	Suite, Apt. #, etc.		59-3162352	Not Applicable \$8.75 Additional
22	7 , Cu.	27		5. Certificate of Status Desired	Fee Required
City & Stat	le .	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Country	8. This corporation has liability for i	
24	25		30		Yes No
•	9. Name and Address of Currer	nt Registered Agent	last N	10. Name and Address of New Re	glatered Agent
KIR	KLAND, ERNEST C		81 Name		•
	428 MUSKEGON AVE			82 Street Address (P.O. Box Number is Not Acceptable)	
VAL	PARAISO FL 32580		83		
			. 63		
			84 City		FL 85 Zip Code
off.co or i agent. La SIGNATURE	to the provisions of Sections 607-056 registered agent, or both, in the State am familiar with, and accept the oblig FAMEST C. KAKL Sign rine, typed or product nume of registered ag	AND Eme	s, the above-named corpora ithorized by the corpora ida Spautes. Registered Agent signature requi	poration submits this statement for the p giord's brand of directors. I hereby accep	urpose of changing its registered if the appointment as registered May 1997
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
DILF	P	☐ DELETE	1.1 TITLE		Change Addition
NAMI	KIRKLAND, ERNEST C		1.2 NAME		
STREET ADDRESS	428 MUSKEGON AVE		1.3 STREET ADDRESS		
(0*Y \$1-ZiP	VALPARIASO FL		1.4 CITY-ST-ZiP		
Mif	V	DELETE	2.1 TITLE		Change Addition
NAMÉ	HURD, GORDON		2.2 NAME		^
STREET ADDRESS	1107 SOUTH PALM BLVD		2.3 STREET ADDRESS		\sim \sim
CHY-ST ZIP	NICEVILLE FL	Driete	2. 4 CITY - ST- ZIP		
TITLE		☐ DELETE	3.1 TITLE		
NAME DESCRIPTION			3.2 NAME		
STHEET ASSOCIATION			3 3 STREET ADDRESS		'h'
CHT-ST-7IP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		End beening	4.2 NAME		the strongs by reducion
SIREEL ADORESS			4.2 NAME: 4.3 STREET ADORESS		
CHY-SI-ZP			4.4 CITY-ST-ZIP		:
Tifut		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		• —
STREE! ADDRESS			5.3 STREET ADDRESS		
CITY ST-ZIP			5.4 CITY-ST-ZIP		
111:E		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	00000217 -05/08/970100 ***165.00	:p3 <u>2</u> 0
STREET ADDRESS			6.3 STREET ADDRESS	-05/08/970100	31026
6.75 (1.27)			0.4.00714.07.710	***165.00	

***165.00

14. If 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DIFF 1 25 mm 1997 904 678 6293

FILED

May 05 1997 8:00am

Secretary of State