## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUM 1. Corporation	MENT # P930  DARDS ON WHEELS, INC	<b>00014374 (</b> 1	i)						
DILLD	JANDO ON WHEELO, INC								
Principal Place of Business Mailing Address									
465 S WICKHAM RD 465 S WICKH MELBOURNE FL 32904 MELBOURNE			wickham RD Urne FL 32904						
						3. Date Incorporated or Qualified 02/18/1993	3a. C	ate of Last F 03/30/1	•
2. Principa! Pla	ce of Business	2a. Mailing Address	, Mailing Address			4. FEI Number		.,	Applied For
11		26							Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State		Oity & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Co	untry		8. This corporation has liability for i	ntang bl		
4	25	29	30	,		Florida Statutes 🔲 Yes	□No	1	
<u></u>	<ol><li>Name and Address of Curre</li></ol>	ent Registered Agent			,	10. Name and Address of New R	egister	ed Agent	
				81	Name				
FINNEGAN, KEVIN 465 S WICKHAM RD				82	Street Add	iress (P.O. Box Number is Not Acceptab	le)		
	URNE FL 32904			83					and a series of the about the labor 11 of the service
IIILLOO	OTHE TE OLOUT			84	City			. 85 Z	ip Code
familiar with	od agent, or both, in the State of Fic h, and accept the obligations of, Se Signature, typed or prince or the of registered ag-	ection 607.0505, Florida Statutes	<b>.</b>			and of directors. I hereby accept the appoint	HEIMINE TAG		o agent, ram
12.	OFFICERS A	IND DIRECTORS	13	1016		ADDITIONS/CHANGES TO OFF	ICERS A		<u> </u>
THLE	D	~						Change	Addition
NAME	FINNEGAN, KEVIN			NAME.					
STREET ADDRESS	465 S WICKHAM RD		- 1		ADDRESS				
CITY-ST-ZIP TITLE	MELBOURNE FL 32904			CITY-S	ST-ZIP			Change	[ ] Addition
NAME		L.J. Detter		NAME				_,ge	
STREET ADDRESS			II -		ADDRESS				
CITY-ST-ZIP				CHY-9					
TITLE	DELETE			3. 1 TITLE				Change	Addition
NAME			32	NAME					
STREET ADDRESS			33	STREE	I ADDRESS				
CHY-ST-ZIP				CITY-S	ST - Z+F*				
TITLE		DELETE		TITLE				Change	☐ Addition
NAME				NAME					
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP		ריו הכונוי		CITY-S	ST - ZIP			☐ Change	Addition
INTE		[]] DELETE		NAME.				L_1 onenge	☐ V0346,011
NAME				NAME	r abbered				
STREET ADDRESS				CITY-	F ADDRESS				
CITY-ST-ZIP TITLE		DELETE		THLE	31-71			☐ Change	Addition
NAME		F.3		NAME				_ •	******

6.3 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

14. I do hereby certify that the info certify that the information indo oath; that I am an officer or fine appears in Block 12 or Block 1

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further properties of the same legal effect as if made under the first or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name and the same legal effect as if made under the properties of the same legal effect as if made under the same legal effect as if we same legal effect as if made under the same legal effect as if we s