


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

FILED

Sep 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000070160**
1. Corporation Name
**RENEGADES MOTORCYCLES AND
ACCESSORIES OF CLEARWATER, INC.**

Principal Place of Business Mailing Address **SAME**
428 CLEVELAND STREET
CLEARWATER, FLORIDA 33755

3. Date Incorporated or Qualified OCT. 8, 1993	3a. Date of Last Report 1996
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
EARL M. HOAGLIN
1940 DREW STREET
CLEARWATER, FL 34616

10. Name and Address of New Registered Agent	
81 Name HENRY T. STONE	85 Zip Code 33755
82 Street Address (P.O. Box Number is Not Acceptable) 628 CLEVELAND STREET	
83	84 City CLEARWATER

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Henry T. Stone** **HENRY T. STONE** **22 SEPT 1997**
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	S/D/T <input checked="" type="checkbox"/> DELETE
NAME	APRIL HOAGLIN STONE
STREET ADDRESS	1940 DREW STREET
CITY-ST-ZIP	CLEARWATER, FLA. 33756
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	EARL M. HOAGLIN
STREET ADDRESS	1940 DREW STREET
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ELIZABETH HOAGLIN
STREET ADDRESS	1940 DREW STREET
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HENRY T. STONE
1.3 STREET ADDRESS	628 CLEVELAND STREET
1.4 CITY-ST-ZIP	CLEARWATER, FLORIDA 33755
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: **Henry T. Stone** **22 SEPT. 1997** **441-2826**
Signature, type or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)