FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000052818 (9)**

1. Corporate Name

MOTORCYCLE ACQUISITION CORP.

Principal Place of Business

2781 WEST S.R. 434
LONGWOOD FL 32779

Mailing Address

2781 WEST S.R. 434
LONGWOOD FL 32779

2. Principal Place of Business
21
City Address
22
City, State
23
City
24 | 25 County

2a. Mailing Address
26
City Address
27
City, State
28
City
29 | 30 County

3. Date Corporate Filed or Qualified: **07/18/1994**

3a. Date of Last Report: **02/21/1995**

4. FEI Number: **59-3254825** | 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

8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, LANCE D
2781 WEST S.R. 434
LONGWOOD FL 32779

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. For purposes of Section 607.0505 and Chapter 617, 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. The registered agent has agreed to accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE | DATE

12. OFFICERS AND DIRECTORS

DPT
SMITH, SCOTT P
2781 WEST S.R. 434
LONGWOOD FL

DVP
SMITH, GENEVA J
2781 WEST S.R. 434
LONGWOOD FL

S
SMITH, LANCE D
2781 WEST SR 434
LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E034 (12/95)

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on an attachment with all other like empowered officers and directors, where applicable.

SIGNATURE: Lance D Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 (407) 682-5988

DATE | DAYTIME PHONE #