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

CORPORATION ANNUAL REPORT

1998

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ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P95000037831

MOTORCYCLE BUSINESS CONSULTANTS, INC.

Principal Place of Business Mailing Address 242 8 DIXIE HWY 242 S DIXIE HWY POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/12/1995 2a. Mailing Address 4. FEI Number 2. Principal Place of Business NE 14 ST 2900 NE 21 14 26 65-0585295 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 710 710 22 City & State 6. Election Campaign Financing BEACH, FL POMPANO BEACH 23 POMPANO Trust Fund Contribution

Country 24 25 29 9. Name and Address of Current Registered Agent SCHLMEYER, ERNEST F 242 S DIXIE HWY

POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent SEHLMEYER, ERNEST F.
Street Address (P.O. Box Number is Not Acceptable)
2900 N.E. 14 Street #710 84

Personal Property Tax due June 30.

8. This corporation owes or has paid the current year Intangible

FILED

Apr 13 1998 8:00am

Secretary of State

Zip Code 33062 Pompano Beach 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 admit agree accept the obligations of, Section 607.0505, Florida Statutes.

DARS ERNESTSEHLMEYER 6 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE X Change Addition SEHLMEYER, ERNEST F. NAME 1.2 NAME SEHLMEYER, ERNEST F. 242 SOUTH DIXIE HWY STREET ADDRESS 1.3 STREET ADDRESS 2900 N.E. 14 Street #710 **POMPANO BEACH FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Pompano Beach, Fl 33062 Change DELETE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP

DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY ST ZIP

DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

Thereby 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:

Pres EDNEST SCHLMENER

4/6/8

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable