

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

~~Amended~~

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000049228 (6)

1. Corporation Name  
MOTO MOTORS, INC.

FILED  
97 APR -4 AM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MWB

Principal Place of Business

2794 NOBT  
KISSIMMEE FL 34744

Mailing Address

2794 NOBT  
KISSIMMEE FL 34744

3. Date Incorporated or Qualified  
06/23/1995

3a. Date of Last Report  
10/01/1996

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3321090

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. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ZONA STEVE  
1820 WARRINGWOOD DR.  
ORLANDO FL 32839

10. Name and Address of New Registered Agent

81 Name

ROLF MACKENS

82 Street Address (P.O. Box Number is Not Acceptable)

619 MOSS PARK COURT

83

84 City

Kissimmee

FL

85 Zip Code

34743

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

PRESIDENT

03/02/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PS ☒ DELETE

NAME ZONA STEVE  
STREET ADDRESS 1820 WARRINGWOOD DR.  
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE President ☐ Change ☒ Addition

1.2 NAME LUCKETT, SANDRA HERNANDEZ  
1.3 STREET ADDRESS 3243 SANDY SHORE LANE  
1.4 CITY-ST-ZIP KISSIMMEE, FL. 34743

2.1 TITLE President, SECRETARY ☐ Change ☒ Addition

2.2 NAME MACKENS, ROLF  
2.3 STREET ADDRESS 619 MOSS PARK COURT  
2.4 CITY-ST-ZIP KISSIMMEE, FL 34743

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 800002135938--7  
3.4 CITY-ST-ZIP -04/08/97--01021--019  
\*\*\*\*165.00 \*\*\*\*165.00

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

03/02/97

(407) 931-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)