

FILED

Sep 19 1997 8:00am
Secretary of State

FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS																															
DOCUMENT # P95000049228(6) 1. Corporation Name																															
MOTO MOTORS, INC.																															
Principal Place of Business 2794 BN. ORNAGE BLOSSOM TRAIL KISSIMMEE, FL 34744	Mailing Address 2794 BN. ORNAGE BLOSSOM TRAIL KISSIMMEE, FL 34744																														
3. Date Incorporated or Qualified _____ 3a. Date of Last Report _____ 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 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No																															
2. Principal Place of Business 21 4486 S. ORANGE BLOSSOM TRAIL Suite, Apt. #, etc. 22 City & State KISSIMMEE, FL 23 Zip 34746 Country	2a. Mailing Address 25 4486 S. ORANGE BLOSSOM TRAIL Suite, Apt. #, etc. 26 City & State KISSIMMEE, FL 27 Zip 34746 Country																														
8. Name and Address of Current Registered Agent ROLF MACKENS 619 MOSS PARK CT KISSIMMEE, FL 34743																															
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. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE 09/15/1997 (NOTE: Registered Agent signature required when releasing)																															
12. OFFICERS AND DIRECTORS <table border="1"> <thead> <tr> <th>TITLE</th> <th>NAME</th> <th>STREET ADDRESS</th> <th>CITY - ST - ZIP</th> <th>DELETE</th> </tr> </thead> <tbody> <tr> <td>P/S</td> <td>PATA, PATRICK P</td> <td>777 S. FED HWY # 106</td> <td>PAMPANO BEACH, FL 33062</td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐</td> </tr> </tbody> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	P/S	PATA, PATRICK P	777 S. FED HWY # 106	PAMPANO BEACH, FL 33062	☐					☐					☐					☐					☐
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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: <u>Robert J Spellman</u> ROBERT J SPELLMAN / PRES. 09/15/1997 407-931-1111 SIGNATURE AND TYPE IN PRINT OF BOARD OFFICER OR DIRECTOR																															

CR2ED34 (9/96)