

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90121 009 \*\*\*150.00

**DOCUMENT # P95000049228**

1. Corporation Name  
**MOTO MOTORS, INC.**

Principal Place of Business  
**4466 S. ORANGE BLOSSOM TRAIL  
KISSIMMEE FL 34746**

Mailing Address  
**4466 S. ORANGE BLOSSOM TRAIL  
KISSIMMEE FL 34746**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/23/1995**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACKENS, ROLF  
619 MOSS PARK COURT  
KISSIMMEE FL 34743**

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 607.1508, 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

Signature of registered agent and title of agent

(NOTE: Registered Agent signature required when reinstating)

DATE

*Mackens Rolf Pres 3-15-99*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN : 2

TITLE ☐ DELETE

NAME  
**MACKENS, ROLF**  
STREET ADDRESS  
**619 MOSS PARK CT**  
CITY-ST-ZIP  
**KISSIMMEE FL 34743**

TITLE ☒ DELETE

NAME  
**HERNANDEZ, SANDRA**  
STREET ADDRESS  
**619 MOSS PARK CT**  
CITY-ST-ZIP  
**KISSIMMEE FL 34743**

TITLE ☒ DELETE

NAME  
**M SPELLMAN, ROBERT J**  
STREET ADDRESS  
**619 MOSS PARK CT.**  
CITY-ST-ZIP  
**KISSIMMEE FL 34743**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I 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 affidavit with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-15-99*

Date

Daytime Phone #

*407-931-1111*

CR2E034 (1/1/98)