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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999

DOCUMENT # P95000049228

Corporation Name

Principal Place of Business

MOTO MOTORS, INC.

	GE BLOSSOM TRAIL . 34746	4466 S. ORANGE BLOSSO KISSIMMEE FL 34748	M TRAIL		DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed 06/23/1995		
Principal Place of Business     2a. Mailing Additional Additi			Address		4. FEI Number		Applied For
21		26			59-3321090		Not Applicable
Suite, Apt	#, etc	Suite, Apt #, etc			5. Certifcate of Status Desired		Additional Required
City & Stat	te	City & State	-		6. Election Campaign Financing Trust Fund Contribution	•	<b>0</b> May Be d to Fees
Zip	Country	Žip	Countr	у	This corporation owes the current year Ir	ntangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	d Agent	
			8	1 Name			
MACKENS, ROLF			8:	2 Street Arte	dress (P.O. Box Number is Not Acceptable)	<del></del> -	
619 MOSS PARK COURT			0.	1	is to the first of		
KISS	SIMMEE FL 34743		83	3			
			84	A Can		85 Z <sub>1</sub>	p Code
			-		FI	L   - '	•
11. Pursuant	to the provisions of Sections 607 0	502 and 607 1508, Florida Statut	tes, the abo	ve-named cor	rporation submits this statement for the purpose of	of changing	its registered
office or r	registered agent, or byth in the Stat am familiar with: any a tu of the ob-	te of Florida. Such change was a factions of, Section 607,9505, Flo	authorized by orida Statute	y the corpora is.	rporation submits this statement for the purpose of tion's hoard of directors. I hereby accept the appo	Ontinent as	registered
		711					
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SIGNATURE	Signature types fred partie of registeres a	epert and title discussion (NOTE AND DIRECTORS	$M_{\alpha}$	(Hen)	MOH Fres	ND DIRECT	TORS IN 12
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption statute 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 rivers. In powered to execute this eport as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment of the corporation of the exemption o

6.2 NAME

54 CITY+ST-ZIP

6 3 STREET ADDRESS

SIGNATURE:

CITY-S1-7IP

STREET ADDRESS

TITLE

NAME

FICER OR DIRECTOR

DELETE

Change

Addition

**FILED** 

Mar 16, 1999 8:00 am Secretary of State

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