

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthorn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000067965 (0)**

1. Corporation Name:
SPORTS WHEEL, INC.



Principal Place of Business 226 EAGLE RIDGE DRIVE LAKE WALES FL 33853	Mailing Address 226 EAGLE RIDGE DRIVE LAKE WALES FL 33853
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/30/1995	
Suite, Apt. #, etc. 22 P.O. Box 181		Suite, Apt. #, etc. 27 P.O. Box 181		4. FEI Number 59-3333488	
City & State 23 Babson Park FL		City & State 28 Babson Park FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 24 33827		Zip 29 33827		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
County 25 Polk		County 30 Polk		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHEPPARD, CHARLES D 226 EAGLE RIDGE DRIVE WINTER HAVEN FL 33853		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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, typed or printed name of registered agent and line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	31 West 2 Street
NAME	SHEPPARD, CHARLES D	1.2 NAME	Frostproof FL 33843
STREET ADDRESS	226 EAGLE RIDGE DRIVE	1.3 STREET ADDRESS	P.O. Box 181
CITY-ST-ZIP	LAKE WALES FL 33853	1.4 CITY-ST-ZIP	Babson Park, FL 33827
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 address.

SIGNATURE:

[Signature] **DAN SHEPPARD** 1/26/98 941-635-6285

CR2E034 (10/97)