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

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089718 (7)

1. Corporation Name

2. Principal Place of Business

Suite, Apt, #, etc.

City & State

22

23

24

Zip

WHEEL & DISK

Principal Place of Business Mailing Address

Country

1903 S. CONGRESS AUE#160 BOYNTON BCH, FLA. 33426

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

Zip

May 10, 1999 8:00 am Secretary of State

05-10-1999 90231 001 ***150.00

* 5 37333 - 90231 -	3 *
DO NOT WRITE IN TH	IIS SPACE
3. Date Incorporated or Qualified	
4. FEI Number 65-065 9915	Applied For
	Not Applicable
5. Certifcate of Status Desired	\$8.75 Additional Fee Required
6 Floation Compaign Financing	\$5.00 May Ba

Added to Fees

□No

29 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent I'm DAUIDSON 1903 S-CONGRESS AUE 4160 Street Address (P.O. Box Number is Not Acceptable) 83 BOYNTON BEACU, FLA. 33426 City Zip Code

Country

Trust Fund Contribution

8. This corporation owes the current year Intangible

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 tolly, 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.

4-30-99 SIGNATURE istered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition TITLE DELETE 11 TITLE MIKE ROZELL 1.2 NAME 190) S. CONGRESS AUE #160 STREET ADDRESS 1.3 STREET ADDRESS BOYNTIN BCH FLA. 33446 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change ☐ Addition TITI F 2.1 TITLE PAM ROZELL NAME 22 NAME (90) S. CONGRES AUE \$160 2.3 STREET ADDRESS STREET ADDRESS BOYNTON BEH FLA. 33416 2, 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 3 1 TITLE TITLE NAME: 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5,4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 changes on an attachment with an address, with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #

CR2E034 (11/98)