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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014050 (4)

WILLIE'S SMALL ENGINES, INC.

FILED May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							4 I EALIDE! IND IEUN DUHL ODDIN EDIN ADN	 	IAT BITKI BAY TABI	
1904 NW 54TH AVE. 1904 NW 54TH AVE. MARGATE FL 33064 MARGATE FL 33064							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified			٦
							02/12/1996			
	lace of Business	2a. Mailing	Address				4. FEI Number		Applied For	7
21		26					65-0627870		Not Applicable	7
j Sune Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.					u	Additional	1
22		27	<u> </u>				U. Commodic of Oldido Boomed	Fee	Required	╛
City & State	θ .	<u>├</u>	City & State				6. Election Campaign Financing		May Be	
23 Zip	Country	28							d to Fees	4
24 25		·	-ŋ 			6. Wills corporation awas of has paid the correct ye			Intangible No	1
=-	25 29 9, Name and Address of Current Registered Age			180[;			Personal Property Tax due June 30. No Yes I No 10. Name and Address of New Registered Agent			
			9-		81	Name	ID. Hamile Bills About the of Heart House	NOTEC AGENT		1
	LANZBAUM, DAWN M				Ц					╛
	4582 GLENVIEW DRIVE ELRAY BEÁCH FL 33445				82	Street /	Address (P.O. Box Number is Not Acceptable)			
	ELIMIT DEMON FL 33443				83					1
	• •									1
	•				84	City		FL 85 2	p Code	
11. Pursuant to office or re agent. Lai	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblic	02 and 607.1508 e of Florida Such gations of, Section	, Florida Statu i change was n 607.0505, Fl	tes, the al authorize orida Stat	oove d by utes	named the corp	corporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing	its registered as registered	1
SIGNATURE										
	Signature Typed or printed name of registered ag		lo (NO		Age	nt signature		DATE		٦,
12.		ND DIRECTORS	DELETE	13.	n e		ADDITIONS/CHANGES TO OFFICER			-18
NAME	P Shafér, Wilson				1.1 TITLE			L Change	e	15
STREET ADDRESS	11950 FLOTILLA PLACE			1.2 NAME 1.3 STREET ADDRESS						3
CITY-ST-ZIP	BOCA RATON FL 33428									Ü
TITLE	BOCK MAION FL 33420		DELETE	14 CI 2 1 TI		1-2119		Change	Addition	16
NAME				22 N/				C. Original	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,]
STREET ADDRESS						ADDRESS				ı
City-St-ZiP				2.4C						
TITLE			DELETE	3.1 TIT				Change	Addition	1
NAME				3.2 NA						
STREET ADDRESS				3.3 ST	REET	address				
CITY-ST-ZIP				3.4. C	TY-S	T-ZIP				
TITLE			DELETE	4.1 10				Change	Addition	1
NAME				4.2 N	AME					İ
STREET ADDRESS				4.3 \$1	REET	ADDRESS				l
CITY-ST-ZIP				4.4 CI	IY-SI	- ZIP				
TITLE			DELETE	5.1 TIT	LE			☐ Change	Addition	1
NÁME				5.2 NA	ME					
STREET ADDRESS				5.3 ST	REET /	ADDRESS				
CITY-ST-ZIP				5.4 CI	IY-SI	- ZIP				
TITLE			DELETE	6 1 T!T	LE	1		☐ Change	Addition	1
NAME				6.2 NA	ME					
STREET ADDRESS				6.3 \$T	AEET A	ADDRESS				1
City-St-ZIP				6.4 CI						
14. I hereby c	ertify that the information supplied y	with this filing doe	s not qualify for	or the exe	moti	on state	d in Section 119.07(3)(i). Florida Statutes, I furl	her certify that the	a information	1

officer or director of the corporation of the factor of 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 17 if changed for on an attachment with an eddragation.