

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

FILED

**Mar 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000023439 (8)
1. Corporation Name
GATORWHEEL, INC.



Principal Place of Business 1550 N.E. WALDO ROAD GAINESVILLE FL 32641	Mailing Address 1550 N.E. WALDO ROAD GAINESVILLE FL 32641-4829
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2. Principal Place of Business 21 1550 NE WALDO RD State, Apt. #, etc.	2a. Mailing Address 26 1550 NE WALDO RD State, Apt. #, etc.	3. Date Incorporated or Qualified 03/15/1996	3a. Date of Last Report 3/15/96
22 City & State 23 Gainesville	27 City & State 28 Gainesville	4. FEI Number 59-3375196	Applied For Not Applicable
24 32641 Country 25 ALACHUA	29 32641 Country 30 ALACHUA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent KAYE, ALLAN H ESQUIRE 7225 N.W. 131ST STREET GAINESVILLE FL 32653		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GHAHDARIJANI, ARDALAN		1.2 NAME GHAHDARIJANI, ARDALAN	
STREET ADDRESS 1930 NW 40TH PLACE		1.3 STREET ADDRESS 4431 NW 34th Dr.	
CITY - ST - ZIP GAINESVILLE FL 32605		1.4 CITY - ST - ZIP GAINESVILLE, FL 32605	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GHAHDARIJANI, IRAJ		2.2 NAME	
STREET ADDRESS 1930 NW 40TH PLACE		2.3 STREET ADDRESS	
CITY - ST - ZIP GAINESVILLE FL 32605		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: **ARDALAN GHAHDARIJANI** **3-10-97** **(352)376-7788**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)