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Mar 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000023439 (8)

1. Corporation Name  
GATORWHEEL, INC.



Principal Place of Business

Mailing Address

1550 NE WALDO RD  
GAINESVILLE FL 32641  
US

1550 NE WALDO RD  
GAINESVILLE FL 32641  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 1550 NE WALDO RD

26 1550 NE WALDO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
Gville FL

27 Gainesville FL

23 Zip  
32641

Country  
US

28 Zip  
32641

Country  
US

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAYE, ALLAN H ESQUIRE  
7225 N.W. 131ST STREET  
GAINESVILLE FL 32653

81 Name KAYE, ALLAN H ESQUIRE  
82 Street Address (P.O. Box Number is Not Acceptable)  
7225 NW 13th ST.  
83  
84 City Gainesville FL 85 Zip Code 32653

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

IRAJ - H

2-26-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME GHABDARIJANI, ARDALAN  
STREET ADDRESS 4431 NW 34TH DR  
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE P  
1.2 NAME GHABDARIJANI, IRAJ  
1.3 STREET ADDRESS 1930 NW 40TH PL.  
1.4 CITY-ST-ZIP Gville FL 32605

TITLE V  
NAME GHABDARIJANI, IRAJ  
STREET ADDRESS 1930 NW 40TH PLACE  
CITY-ST-ZIP GAINESVILLE FL 32605

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 IRAJ - H

201 98 1350371 7788

CR2E034 (10/97)