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FILED

May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000052402 (0)

1. Corporation Name

EXOTIC DREAMS TRUCK AND CAR CLUB, INC.



Principal Place of Business

Mailing Address

4430 W. WALLACE AVE.  
TAMPA FL 33611

4430 W. WALLACE AVE.  
TAMPA FL 33611-3641

2. Principal Place of Business

21 12401 ORANGE GROVE DR

Suite, Apt. #, etc.

22 1415

City & State

23 TAMPA, FL

Zip

24 33618

Country

25 HILLSBORO

26. Mailing Address

26 12401 ORANGE GROVE DR

Suite, Apt. #, etc.

27 1415

City & State

28 TAMPA, FL

Zip

29 33618

Country

30 HILLSBORO

3. Date Incorporated or Qualified

06/17/1996

3a. Date of Last Report

4. FEI Number

59-

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

HOFFA, GLORIA ANN  
4430 W. WALLACE AVE.  
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name

MATT CLEVELAND

82 Street Address (P.O. Box Number is Not Acceptable)

12401 ORANGE GROVE DR #1415

83

84 City

TAMPA

FL

85 Zip Code

33618

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

Matt Cleveland

3/10/97

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME HOFFA, GLORIA A  
STREET ADDRESS 4430 W. WALLACE AVE.  
CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME MATT CLEVELAND

1.3 STREET ADDRESS 12401 ORANGE GROVE DR #1415

1.4 CITY-ST-ZIP TAMPA FL 33618

2.1 TITLE V. PRES. ☐ Change ☒ Addition

2.2 NAME DANA BROWN

2.3 STREET ADDRESS 1214 WILD ROSE DR

2.4 CITY-ST-ZIP LOT2, FL 33549

3.1 TITLE SECRETREAS ☐ Change ☒ Addition

3.2 NAME JOSE SANCHEZ JR

3.3 STREET ADDRESS 15141 NIGHTHAWK DR

3.4 CITY-ST-ZIP TAMPA, FL 33625

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: [Signature]

3/10/97

33618

CR2E034 (9/96)