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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

POCUMENT # P9600066032 (9)

STOCKERS TO STROKERS CUSTOM MOTORCYCLES, INC.

Principal Place of Business

Mailing Address

12014 RIKKEYE DR

12814 RUCKEYE DR

FILED Jun 05 1997 8:00am Secretary of State



HUDSON FL 3	4669	HUDSON FL 34669-3415					
					3. Date incorporated or Qualified 08/07/1996	3a. Date o	of Last Report
2. Principal P	Place of Business	2a. Mailing Address	*		4. FEI Number		Applied For
21 75 36 Sulte, Apt.	W. GROVER CLEVELAND		<u>* 2</u>	·	59-3393/46 221	44 g 448	Not Applicable
		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Additional Fee Required
22 Home City & Stat	DSASSA	City & State		,,,,,,,,,	6. Election Campaign Financing		
	FLORIDA 28			Trust Fund Contribution Added to Fees			\$5.00 May Be
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24 3444			30		Florida Statutes 🔀 Yes 🗌 No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Age	nt
	ANOIAL FOUNDATIONS, INC.		81	Name			ļ
1301 SEMINOLE BLVD #155				2 Street Address (P.O. Box Number is Not Acceptable)			
LARGO FL 33770				83			
			63				
			84	City		FL 8	5 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1609 Florida Statutos	the above	named cor	poration submite this statement for the		anging its registered
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was aut	horized by	the corpora	poration submits this statement for the pation's board of directors. I hereby acce	pt the appoint	ment as registered
•	am tamiliar with, and accept the oblig	gations of, Section 607.0505, Fight	da Statute:	S.			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE, F	Registered Age	ent signature requ	rited when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIF	RECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE				Change
NAME	BECKER, JAMES V	i	1.2 NAME	\			
STREET ADDRESS	12814 BUCKEYE DR		1,3 STREET	ADDRESS			
CITY-ST-ZIP	HUDSON FL 34669		1.4 CITY - S	1-2IP			
TITLE	VP. SEC. TRES. DELETE 2		2.1 TITLE	ļ		LJ	Change Addition
NAME	PATRICIA L. Groves 12814 Buckeye Dr		2.2 NAME				
STREET ADDRESS			23 STREET				
CITY-ST-ZIP TITLE			2. 4 CITY - 1 3.1 TITLE	ST- ZIP			Change Addition
NAME	}	- otter	3.2 NAME	}			Situation
STREET ADORESS			3.3 STREET	ADORESS			
CITY-ST-ZIP			3.4 CITY-				}
TITLE			4.1 TITLE				Change
NAME			4 2 NAME	l			
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	1-2IP			
TITLE		☐ DELETE	5.1 TITLE				Change
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY- S	T - ZIP			
TITLE		☐ DELETE	61 TITLE			Ш	Change
NAME	·		6.2 NAME				į
STREET ADDRESS			6.3 STREET				ł
CITY-ST-ZIP	1		6.4 CITY - S	T-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 33 if changed, or on an attachment with an address.