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

May 05 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P96000073736 (6) DOCUMENT # CALIFORNIA MOTORCYCLE COMPANY OF CENTRAL FLORIDA Principal Place of Business Mailing Address 5405 EDGEWATER DRIVE 1000 SUNSHINE LANE ÓRLANDO FL 32810 ALTAMONTE SPRINGS FL 32714 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/30/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3399469 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Ζiρ Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RANDOLPH, TIMOTHY V 1000 SUNSHINE LANE 82 Street Address (P.O. Box Number is Not Acceptable) ALTAMONTE SPRINGS FL 32714 83 84 City 85 Zip Code 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 Signature, typed or printed name of regulared agent and title if applicable (NOT) Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE TIMOTHY V. RANDOLPH II TIMOTHY V RANDOLPH CR2E034 NAME 1.2 NAME 207 Churchill Dr 1000 SUNSHINE LANE STREET ADDRESS 1.3 STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELET**E** 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6 1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 64 CITY-ST-ZIP 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 suppliemental 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 trusted 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.

FILED