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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000073736

Principal Place of Business

CALIFORNIA MOTORCYCLE COMPANY OF CENTRAL FLORIDA , INC.

Mailing Address

5405 EDGEWATER DRIVE ORLANDO FL 32810		1000 SUNSHINE LANE ALTAMONTE SPRINGS FL 32714 US				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed			
						08/30/1996			
2 Principal P	lace of Business	2a. Mailing Address		-		4. FEI Number		Applied For	
	lace of Business	26			j	59-3399469		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional			
22		27	⊢			*5. Certificate of Status Desired		Required	
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Countr	у		8. This corporation owes the current year le		أسيا	
24	25	29	30			Personal Property Tax.	☐ Yes	MNo	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	d Agent		
			81	Nam	·e				
RANDOLPH, TIMOTHY V			83	82 Street Address (P.O. Box Number is Not Acceptable)					
1000 SUNSHINE LANE			"	62 Street Address (F.O. Box Hamber is Not Floodpaste)					
ALTAMONTE SPRINGS FL 32714			83	<u> </u>				·	
			<u> </u>	ļ <u></u>			las 2:-	Code	
			84	City		Fi	L 85 Zip	Code	
agent. I a SIGNATURE	m familiar with, and accept the oblig-	ations of, Section 607.0505, FI	orida Statute	S. 		's board of directors. I hereby accept the appropriate the specific property of the specific pro			
12.		NO DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	AND DIRECT	ORS IN 12	
TITLE	P	DELETE	1.1 TITLE		Pre	0 1	Change		
NAME	RANDOLPH, TIMOTHY V I		1,2 NAME		1	mothy V. Randolp II			
	207 CHURCHILL DRIVE		1	ET ADDRES	s 3c	mothy V. Randolp III 7 Churchill Dr nywood, FL 32779			
STREET ADDRESS	LONGWOOD FL 32779		1.4 CITY-		7	2000 FL 32779		ĺ	
CITY-ST-ZIP	LUNGWOOD FL 32779	□ DELETE	2.1 TITLE	51-ZIP	100	7-30000) 1 =	Change	≘	
TITLE		_ bcc.,c	2.2 NAME				_		
NAME				ET ADDRES	ا .				
STREET ADDRESS					»				
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-	ST-ZIP	-		Change	a	
TITLE		∟) DELETE	, 3.1 TITLE				L_J Onling		
NAME	İ		32 NAME						
STREET ADDRESS			3.3 STRE	ET ADDRES	šS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP_			□ Charre	a	
TITLE		☐ DELETE	4.1 TITLE		J		Change	e	
NAME			4. 2 NAME	<u>:</u>	ļ				
STREET ADDRESS			4.3 STRE	ET ADDRES	ss				

ne exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information to and that my signature shall have the same legal effect as if made under oath; that I am an oute this report as required by Chapter 607, Florida Statutes; and that my name appears in the like empowered. 14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental annual report is true and accur indicated on this annual report or supplemental annual re-officer or director of the corporation or the receiver or trust Block 12 or Block 13 if changed, or on an attachment with

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

☐ Change

☐ Addition

Addition

FILED

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90052 049 ***150.00