


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

FILED

Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000079318</b> 1. Corporation Name <b>Wreckless Gear, Inc.</b>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 <b>1584 Bobolink Lane</b> Suite, Apt. #, etc. 22 City & State 23 <b>Casselberry, FL</b> Zip 24 <b>32707</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>P.O. Box 180715</b> Suite, Apt. #, etc. 27 City & State 28 <b>Casselberry, FL</b> Zip 29 <b>32707</b> Country 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>9-23-96</b>		3a. Date of Last Report	
4. FEI Number <b>59-3394586</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>Charles Hoffman</b> <b>1584 Bobolink Lane</b> <b>Casselberry, FL 32707</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE <input type="checkbox"/> DELETE <b>President</b> 12.2 NAME <b>Charles Hoffman</b> 12.3 STREET ADDRESS <b>1584 Bobolink Lane</b> 12.4 CITY-ST-ZIP <b>Casselberry, FL 32707</b>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
12.1 TITLE <input type="checkbox"/> DELETE <b>Vice-President</b> 12.2 NAME <b>Marcia Brinker</b> 12.3 STREET ADDRESS <b>624 Kenwick Circle #102</b> 12.4 CITY-ST-ZIP <b>Casselberry, FL 32707</b>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
12.1 TITLE <input type="checkbox"/> DELETE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
12.1 TITLE <input type="checkbox"/> DELETE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
12.1 TITLE <input type="checkbox"/> DELETE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
12.1 TITLE <input type="checkbox"/> DELETE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 ☒ **Charles Hoffman** **CHARLES HOFFMAN** ☒ **4/6/97** ☒ **407.696.7775**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)