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

PROFIT CORPORATION **ANNUAL REPORT** 1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Sete

DOCUMENT # P9600083497 (3)

TED'S SCOOTER REPAIR, INC.

Principal Place of Business		Mailing Address		*	/16 09 101 10101	8 (III) B1818 (B1)	1001 1001	
5730 2ND AVENUE STOCK ISLAND KEY WEST FL 33040		5730 2ND AVENUE STOCK ISLAND KEY WEST FL 33040-5950						
					 Date Incorporated or Qualified 10/07/1996 	3a. D	ate of Last Re	eporl
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 65-0687474		Applied For Not Applicable	
21] Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75	Additional	
22		City & State					Fee Re	
City & State		28			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	У	8. This corporation has liability for			199.032,
24	25 9. Name and Address of Currer	29	30		Florida Statutes 10. Name and Address of New F	Yes Registered		
FCK	STEIN, ALAN ESQ.	it Hogistored Agoni	8	Name	10.			
1407 LEON STREET			8:	82 Street Address (P.O. Box Number is Not Acceptable)				
KEY WEST FL 33040				3				
•			***				~~~ <u>~</u>	
(A			8	1 ' '		Fl	_ '	Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	2 and 607.1508, Florida Si of Florida Such change v ations of, Section 607.0505	atules, the aboves authorized to for forida Statut	ve-named corp by the corpora bs.	poration submits this statement for the tion's board of directors. I hereby acc	purpose o ept the ap	of changing it pointment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered age	ort and title if applicable	(NOTE: Registered A	gent signature requi	ired when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	D DOWN THEODODE A	DELETE					L] Change	Addition
NAME STREET ADDRESS	BROWN, THEODORE A 5750 2ND AVENUE, STOCK ISLAND		1.½ NAM! 1.8 STRE	: 1 address				
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY					
TITLE		DELETE	2 1 11TLE		•		☐ Change	Addition
NAME	*		2 P NAM					٠
STREET ADDRESS CITY-ST-7IP			2 / 4 CITY	FT ADDRESS - ST- ZIP				
TITLE		. DELETE					Change	Addition
NAME			3 2 NAM					ĺ
STREET ADDRESS				FT ADDRESS				
CITY-ST-ZIP		DELFTE	3.4. CHY 4.1 111L6				Change	Addition
TITLE		out it	4.7 HILL				L_1 viidings	
NAME PROCET ADDRESS				F1 ADORESS				
STREET ADDRESS CITY-ST-ZIP			4.4 CITY					
TITLE		DELETE					Change	Addition
NAME	•		5,2 NAM					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY					Address
TITLE	•	DELETE		1			Change	Addition
NAME -	I		62 NAM	r				

14. 1do 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 accorate 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.

6.3 STREET ADDRESS

FILED

May 20 1997 8:00am

Secretary of State