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

STREET ADDRESS

Block 12 or Block 13 it changed, or on an

CITY-ST-ZIP

Jun 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT' OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1**9**98 P97000039813 (5) DOCUMENT # **BROWARD POWERSPORTS COMPANY** Principal Place of Business Mailing Address 215 5TH STREET 215 5TH STREET SUITE 108 SUITE 108 DO NOT WRITE IN THIS SPACE WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 3. Date Incorporated or Qualified 04/30/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 105-07 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GIORDANO, JOHN N Name 220 SOUTH FRANKLIN STREET 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** 63 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DETELL Change Addition TITLE 11 TITLE LEE W. HEATEN NAME 1.2 NAME ais FIFTH STRIET 108 1.3 STREET ADDRESS STREET ADDRESS WPAIN BOALL FL 33401 1.4 CITY - <u>ST</u> - ZIP CITY-ST-ZIP DELETE Change Addition THLE 2.1 1111.6 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITL F 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City-St-ZiP 3.4 City-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP Addition DELFIL TITLE 5.1.10116 NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETE 6.1 TITLE ___Change TITLE 7000025549ま -06/10/98--01065--009 NAME 6.2 NAME

6.3 STREET ADDRESS

64 CHY-ST-ZIP

14. Thereby 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 amount 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

attachment with an address

***158,75