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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAFITMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90098 024 ***150.00

DOCUMENT #	P9700003981	3
Corporation Name	. 0.000000.	_

1. Corp

BROWARD POWERSPORTS COMPANY

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Principal Place	of Business	Mailing Address			-		i iblingdi ma ibin ibon sami a	Titl Barri day			
215 STH STREE	τ	215 5TH STREET				İ					
SUITE 108	SUITE 108						DO NOT WRITE IN THIS SPACE				
WEST PALM BE	ACH FL 33401	WEST PALM BEACH FL 33	1401			-			IS SPACE		
							Date Incorporated or Qualifer 04/30/1997				
2. Principal Pi	ace of Business	2a. Mailing Address				4	, FEI Number		Ap	plied For	
21 808 U	N BRAWARE	26					65-076137 <u>0</u>		No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5	. Certifc₂ te of Status Desired		\$8.75 A Fee Re		
City & State	•	City & State				- 6	Election Campaign Financing		\$5.00	May Be	
23 FT LA	ivderbaci F	28					Trust Fund Contribution		Added t	to Fees	
Zip	Coun:ry	Zip	Col	ntry		8	. This ccrporation owes the cu	rent year l	Intangible]	
24 3331	2 25 ISA	29	30				Personal Property Tax.		Yes	[]No	
	9. Name and Address of Current	Registered Agent				10	, Name and Address of New	Registere	d Agent		
				81	Name					}	
	rdano, john n			82	Stroot A	Acdress /	P.O. Boy Number is Not Accen	table)			
220	South Franklin Street			02	Sueer	Acdress (P.O. Box Number is Not Acceptable					
TAMI	PA FL 33602			83							
					011				. 85 Zip (Code	
				84	City			F	L S Zip	2300	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	f Florida. Such change was≕	authorized	ı by	tne corpo	corporation s b	on submits this statement for the coord of directors. I hereby account	purpose pt the app	of changing its jointment as re	registered cistered	
SIGNATUF:E											
SIGNATUL.	Signature, typed or printed name of registered agen:	and little if applicable (NOT	. Registered	Agen	signature re	red irred when		DATE			
12.	OFFICERS ANI		13.				ADDITIONS/CHANGES TO O	FFICERS			
TITLE	PD	☐ DELETE	1.5 TI	TLE	}	VD)		Change	Addition	
NAME	HEATON, LEE W		1.2 N	AME		Hea	tON LINN D.				
STREET ADDRESS	215 5TH STREET		1.3 S	REET	ADDRESS	215	- 544 St. SUITE	108		}	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		14C	TY-S	-ZiP	Wes	ton LINN D. 544 St. Suite 5 Phin Black, Fo	<u> </u>	<u>0/</u>		
TITLE		☐ DELETE	2.1 TI	TLE	1	1	,		Change	Addition	
NAME			2.2 N	AME							
STREET ADDR ISS			2.3 S	REET	ADDRESS					}	
CITY-ST-ZIP			2.40	ITY-S	T-ZIP	L					
TITLE		☐ DELETE	3,1 TI	TLE					Change	Addition	
NAME			3.2 N	4ME	Ì	}				1	
STREET ADDRESS			335	TREET	ADDRESS						
CITY-ST-ZIP			3.4 0	ITY-S	T-ZIP	L					
TITLE		☐ DELETE	4.1 T	TLE	ľ				Change	Addition	
NAME			4.21	AME	1						
STREET ADDF ESS			435	TREET	ADDRESS				_		
CITY-ST-ZIP			44 C	TY-\$1	-ZIP						
TITLE		☐ DELETE	5.1 T	TLE					Change	☐ Addition	
NAME			5.2 N	AME							
STREET ADDI:ESS			5.3 S	TREET	ADDRESS						
CITY-ST-ZIP			54C	TY-S	r-zip						
TITLE		☐ DELETE	6.1 T	TLE		1			Change	☐ Addition	
NAME		•	6.2 N	AME	ĺ						
STREET ADDITESS			638	TREET	ADDRESS						
O THE POURTOUS			_			1				1	

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 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 Charter 607. Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

56) 832 4150