SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

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Zip

Suite, Apt. #, etc.

GALLOWAY, L H

City & State



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000076026 1

Country

9. Name and Address of Current Registered Agent

PARADISE SCOOTER REPAIRS INC

Principal Place of Business	Mailing Address	
1320 JOHNSON STREET KEY WEST FL 33040	1320 Johnson Street Key West FL 33040	
2. Principal Place of Business	2a Mailing Address	

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28 Zip

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Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/28/1997 4. FEI Number Applied For 65-0779891 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes the current year Yes -Intangible Personal Property. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code 85 DATE Change Addition Change Change Addition Change Addition

FILED

Aug 06, 1999 8:00 am Secretary of State

08-06-1999 90010 034 ***150.00

82 1320 JOHNSON STREET KEY WEST FL 33040 83 84 City 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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/99) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 TITLE 1.1 TITLE DELETE 1.2 NAME MCCULLOUGH, J D NAME 728 WEATHERGREEN DRIVE STREET ADDRES 1.3 STREET ADDRESS RALEIGH NC 27615 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE MCCULLOUGH, DEBORAH M 2.2 NAME NAME 728 WEATHERGREEN DRIVE 2.3 STREET ADDRESS STREET ADDRESS RALEIGH NC 27615 CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE TITLE DELETE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 4.4 CITY-ST-ZIP 5.1 TITLE Change TITLE DELETE Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE L Change NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

Country

81 Name

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14. I hereby certify that the information supplied with his 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 supplies an an afficer or director of the corporation of the ecgiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

TO WHOM IT MAY CONCERN

THIS IS THE FIRST NOTICE RECEIVED BY THIS CORPORATION, FOR THE ANNUAL CORPORATION FEE.

WE FEEL THAT DUE TO THIS FACT WE SHOULD ONLY PAY THE ORGINIAL FEE OF \$150.00. THUS WE ARE INCLUDING A CHECK FOR THIS AMOUNT.

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.

PRESTDENT