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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000097636**

1. Corporation Name

POWERSPORTS OF HEMPSTEAD, INC.

Principal P ace	of Rusiness	Mailing Address							 	ALLIU UNII NUBI
•		215 5TH STREET								
215 5TH STREE SUITE 108	:1	SUITE 108								
WEST PALM BEACH FL 33401			WEST PALM BEACH FL 33401			DO NOT WRITE IN THIS SPACE				
						3. Date Inc. 11/11/	orporated or Qual 1997	ifed		
2. Principal Pl	ace of Business	2a. Mailing Addres	s			4. FEI Num	ber		App	plied For
21		26				65-081	2186		No	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.			E Certificate	e of Status Desire	d 🗆	\$8.75 △	
22		27				3. Ocharcan			Fee Re	quired
City & 5 tate	e	City & State				6. Electic n	Campaign Financ	ing _	\$5.00	
23		28				Trust I ⁻ u	nd Contribution		Added to	o Fees
Zip	Country	Zip		untry			poration owes the	current year I		
24	25	29	30				Property Tax.			□No
	9. Name and Address of Curr	ren: Registered Agent		81 N		10. Name at	nd Address of No	ew Registero	a Agent	
CIOE	DOMO IOHN N			B1 N	lame					
Giordano, John N 220 South Franklin Street				82 Street A		dress (P.O. Bo (N	Number is Not Acc	eptable)		
TAMI	PA FL 33602			83						
				84 C	ity				85 Zip C	ode
	to the provisions of Sections 607.0	0500 and 607 1509. Elected	Statutes the	above-na	med car	rooration submits	this statement for	the numose of	of changing its	registered
office or re	egistered agent, or both, in the Sta	ate of Florida. Such change	was authorize	ed by the	corporat	tion's board of dir	ectors. I hereby a	ccept the ap	ointment as re	gistered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.05	05, Fonda Sta	tutes.						
_										1
SIGNATURE	The state of the s	and the if anticable	(NO E Pagetara	d Anent sign	nature recuir	red when reinstation		DATE		
	Signature, typed or printed nume of registered				nature recuir	red when reinstating	NS/CHANGES TO	OFFICERS A	AND DIRECTO	
12.	OFFICERS	agent and trile if applicable. AND DIRECTORS	13.			ACITIDDA	NS/CHANGES TO	OFFICERS A	Change	Addition
12.	PD	AND DIRECTORS	13. ETE 1.1 T			ACITIDDA		OFFICERS A	Change	Addition
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I here by certify that the information supplied with this filing does not qualify or 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 have an 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, with all other like empowered

64 CITY-ST-ZIP

SIGNATURE: