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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000108472 (6)

POWERSPORTS OF LONG BEACH, INC.

215 5TH ST., STE, 108 215 5TH ST., STE. 108 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/23/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8,75 Additional XX) 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GIORDANO, JOHN N 220 SOUTH FRANKLIN ST. 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** 83 84 City Zip Code 85 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) Signature, typed or printed name of registered agent and little if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE TITLE 1.13000 Change Addition LIUN D HEATON NAME 1.2 NAME 215 FILTING TSIVEET 108 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP Wfalm Benetife 330101 1.4 CITY - ST - ZIE DELLTE ☐ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DILLETE 4.1 TITLE Addition

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. Horrher 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of chapter 617, Florida Statutes.

4 2 NAME

5 1 1ITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELFTE

DELETÉ

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-7(P

1000 541-832-405

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Change

Addition

Addition

FILED

Jun 09 1998 8:00am

Secretary of State