

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



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90015 045 ***158.75

DOCUMENT # **P98000025214**

1. Corporation Name

EXCLUSIVE MOTORCYCLE ESCORT SERVICES INC.

Principal Place of Business

**14630 SOUTH RIVER DRIVE
MIAMI FL 33167**

Mailing Address

**14630 SOUTH RIVER DRIVE
MIAMI FL 33167**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1998

4. FEI Number

65-0822574

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

**PYLES, DWAYNE W
14630 SOUTH RIVER DRIVE
MIAMI FL 33167**

10. Name and Address of New Registered Agent

81 Name **PYLES, Dwayne Warren**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1915 N.W. 57 street**
84 City **Miami** 85 Zip Code **FL 33142**

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. I am familiar with, and accept the obligations of, section 607.0607, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Dwayne Warren Pyles 7-27-99

12. OFFICERS AND DIRECTORS

TITLE **Chairman of Shareholders** ☐ DELETE
NAME **Craig R. Pyles**
STREET ADDRESS **8207 NW 201 street**
CITY-ST-ZIP **Miami, Fla. 33015**

TITLE **Freeman Pyles** ☐ DELETE
NAME **1915 N.W. 57 st.**
STREET ADDRESS **miami, Florida 33142**
CITY-ST-ZIP **Treasurer**

TITLE **Willene Pyles** ☐ DELETE
NAME **1915 N.W. 57 st.**
STREET ADDRESS **miami, Florida 33142**
CITY-ST-ZIP **Secretary**

TITLE **Dwayne Warren Pyles** ☐ DELETE
NAME **1915 N.W. 57 st.**
STREET ADDRESS **miami, Florida 33142**
CITY-ST-ZIP **President of operation**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-27-99 (305) 637-7555

CR2E034 (5/99)