PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000053754

1. Corporation Name

CITY-ST-ZIP

START YOUR ENGINES, INC.

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90014 016 ***150.00



Principal Place	of Business	Mailing Address		() # # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # () # ()	()) GD)B) B /(38)(/// / 98))(B (f() B (B)
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				3. Date incorporated or Qualifed 06/16/1998		
2. Principal Pl	ace of Business	2a. Mailing Address	01 01	4. FEI Number	A	pplied For
21 127	5 Bee Glage Kd	26 25 Be	Ridge Cl	65-0845395		lot Applicable
Suite, Apt.	#, etc. <i>O</i>	Suite, Apt. #, etc.	0	5. Certifcate of Status Desired		Additional Required
City & State	asofa PL	City & State 28 Surasofa	PL	6. Election Campaign Financing Trust Fund Contribution	1 '	May Be to Fees
Zip 24 342	41 [25 USA	zip 34241 30 C	us#	This corporation owes the current y Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regis	stered Agent	
OC! 1	ICNED I C		81 Name Tana L. Hamitta			
	JGNER, J G		82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
C/O ICARD-MERRILL 2033 MAIN STREET #101			83		71	
SARASOTA FL 34237				1275 Bu Bldge &	Ze(
V/ U	100 // 12 0 120/		84 City	Samuel	FL 85 30	Code
44 Diversions	to the previous of Sections 607 0502	and 607 1509 Florida Statutes the	shove-named co	rporation submits this statement for the pure	oose of changing it	s registered
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 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registe	red Agent signature requ	ired when reinstating)	DATE	<u></u>
12.	QEEICERS AND		3.	ADDITIONS/CHANGES TO OFFICE		
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CITY-ST-ZIP	SARASOTA FL 34243		CITY-ST-ZIP	scrasofa fr 3	4041	
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NAME		2.2	NAME			l
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STREET ADDRESS		6.3	STREET ADORESS			

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, with all other like empowered.

6.4 CITY-ST-ZIP