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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000076073

1. Corporation Name

Principal Place of Business	Mailing Address
1330 NORTHWEST 3RD TERRACE	4330 NORTHWEST 3RD TERRACE
POMPANO BEACH FL 33064	POMPANO BEACH FL 33064

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90137 039 ***150.00

☐ Change

Addition

BRONCO'S AMERICAN BIKER BR	RAND, INC.				
Principal Place of Business	Mailing Address		i (401440) (10 18:0) faltt batt anits sant an	ill ibbis Aritt bertt tenen tut innt	
4330 NORTHWEST 3RD TERRACE POMPANO BEACH FL 33064 4330 NORTHWEST 3RD TERRACE POMPANO BEACH FL 33064		DO NOT WRITE IN TH	IIS SPACE		
			3. Date Incorporated or Qualifed 09/01/1998		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		65-0869027	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28		Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☑ Ńo	
24 25 9. Name and Address of Cur	127	<u> </u>	10. Name and Address of New Registere		
9. Name and Address of Cur	Ielli Vedizielen Ydeur	81 Name~	1/11. m 1 1		
AMERILAWYER	*	- //	ely Jupan	<u></u>	
343 ALMERIA AVENUE		82 Street Add	ress (P. Box Number is Not Acceptable)		
CORAL GABLES FL 33134		83			
		04 05		85 Zip Code	
		84 City	F	L	
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	acent and title if anglicable. (NOTE: R	Registered Agent signature require	ed when reinstating) DATE		
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE PSTD	DELETE -	1.1 TITLE	25TD 1-11 1/211/	Change Addition	
NAME MULVIHILL, KELLY		1.2 NAME	Tulvihill Kelly	tc 282	
STREET ADDRESS 4330 NORTHWEST 3RD TE	RRACE	1.3 STREET ADDRESS 3	July Hill Kelly Su 325 Griffin Rd. Su		
CITY-ST-ZIP POMPANO BEACH FL 3306		1.4 CITY-ST-ZIP	FT. Lauderdale FL	<u> </u>	
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition ☐	
NAME		2.2 NAME			
STREET ADDRESS	<u> </u>	2.3 STREET ADDRESS	· ·		
CITY-ST-ZIP	☐ DELETE	2.4 CITY-ST-ZIP		Change Addition	
TITLE	□ pereie	3.1 ΠΤLE 3.2 NAME			
NAME					
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP	☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	Ti percie	4.2 NAME			
NAME '					
STREET ADDRESS ,	•	4.3 STREET ADDRESS			
CITY-ST-ZIP	☐ DELETE	4.4 CITY-\$T-ZIP 5.1 TITLE		☐ Change ☐ Addition	
TITLE	□ pereie	5.1 TITLE 5.2 NAME			
NAME		53 STREET ADDRESS			
STREET ADDRESS		5.4 CITY-ST-ZIP			
interior I					

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME