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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000094250

1. Corporation Name

POWERSPORTS OF SOUTH DAYTONA, INC.

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90097 013 ***150.00



Principal P ac	e of Business	Mailing Address						
2000 N. FLORIDA MANGO RD. STE.200		2000 N. FLORIDA MANGO RD.:STE.200						
WEST PALM B	EACH FL 33401	WEST PALM BEACH FL 3340)1		DO NOT	WRITE IN THIS	S SPACE	
				3. Date	Incorporated or Qual			
					02/1998			<i>*</i>
2. Principal P	lace of Business	2a. Mailing Address		4. FEI N			Ap	rlied For
21 215 FIFTH STREET		26 2-IS FIFTH STREET					No	t Applicable
Suite, Aut. #, etc.		Suite, Apt. #, etc.		E Certif	cate of Status Desire	ed 🗆	\$8.75	
22 \ () \		27 SVIC 108		3. Cerui	Calcus Desire		Fee Re	equired
City & State		City & State			ion Campaign Financ	ing _	\$5.00	
		_ 	strea FC		Fund Contribution		Added	k Fees
Zip	Courtry	^{Zip} 3340 / 3	Country	· 1	corporation owes the	current year in	ntangible ☐ Yes	I⊒No
24 33,4			o, USA		or al Property Tax. e and Address of No.	Denistere		
	9. Name and Address of Current	Registered Agent	81 Name		e and Address of A	ew Neglatere	Agent	-
JONES, BRENT A								
220 SO. FRANKLIN ST. TAMPA FL 33602			82 Street	t Acdress (P.O. Bo	x Number is Not Acc	ceptable)		
			83					
			84 City			FI	85 Zip (Code
11 Pursuant	to the provisions of Sc ctions 607.0502	and 607.1508. Florida Statutes	the above-name	d comporation subn	nils this statement for	the purpose of	f changing its	registered
office crr	registered agent, or bo h, in the State of im familiar with, and accept the obligati:	f Florida. Such change was auti	horized by the corp	ooration's board of	cirectors. I hereby a	ccept the apro	ointment as re	g stered
_	Im familiar with, and accept the obligation	ons of, Section 607.0505, Find	ia Sialules.					
								1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTIE: R	egistered Agent signature	required when reinstatin	g)	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		egistered Agent signature	ADDIT	g) TONS/CHANGES TO			
				ADDIT	IONS/CHANGES TO		ND DIRECTO	DF:S IN 12.
12.		DIRECTORS	13.	F D LEITIN L	IONS/CHANGES TO			
12.	OFFICERS AND	DIRECTORS	13. 1.1 TRLE	ADDIT F D LEOTIN C 2-15 FIFTH	ICINS/CHANGES TO	OFFICERS A		
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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 ooth; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 1.2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINN D ROOTEN