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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S46734

(7)

AYMAT POWER SPORTS, INC.

FILED Mar 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 1001120 der gefelt fieter ifter bilte die de de gefelt bilte bente gefelt giber eine	
3250 S.E. WEST SNOW ROAD 3250 S.E. WEST SNOW ROAD						·	
PORT ST. LUCIE FL 34984		PORT ST. LUCIE FL 34984					DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							04/15/1991
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
- Thirdpart lade of Business			26				65-0309380 Not Applicable
Suite, Apt. #, etc.		20	Suite, Apt. #, etc.				— \$8.75 Additional
2		27	27				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May 8e
3			28				Trust Fund Contribution Added to Fees
Zip Country			Zip Cou				8. This corporation owes or has paid the current year Intangible
4	25	29	- 1	30	,		Personal Property Tax due June 30. Yes You
	9. Name and Address of Curren		stered Agent	[00]	Γ		10. Name and Address of New Registered Agent
MC	LEAN, CAROL				81	Name	
	ROYAL PALM WAY						
	ITE 206				82	Street Ag	ddress (P.O. Box Number is Not Acceptable)
	LM BEACH FL 33480				83		
PAI	LM DEACH FL 33400						
					84	City	FL 85 Zip Code
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obliga	of Floridations o	da. Such change was f, Section 607.0505, Fl	authorize orida Sta	d by	the corpor s.	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age:		Manal coll	C. Dawleton		-1	guired when reinstating) DATE
12.	OFFICERS AND			13.	u Age	ent alghature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		PTD DELETE		_	1.1 TITLE		Change Addition
NAME	AYMAT, NOEL			1.2 N			
1	3250 S.E. WEST SNOW ROAL	١		- 8		ADDRESS	;
STREET ADDRESS	PORT ST. LUCIE FL	,					
CITY-ST-ZIP TITLE	VSD			2.1 Ti		T-ZIP	☐ Change ☐ Addition
1	PECKHAM, SHERRIE		occere				Collarge
NAME	3250 S.E. WEST SNOW ROAL	•		2.2 N			
STREET ADDRESS		,				ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL		Driete			ST-ZIP	Ohanan II Addition
TITLE			DELETE	311		Ì	☐ Change ☐ Addition
NAME				3.2 N			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			Dr. Fre	_		ST-ZIP	
TITLE			☐ DELETE	4.1 71		1	Change Addition
NAME				4. 2 N	AME		
STREET ADDRESS				4.3 S	FREET	ADDRESS	
CITY-ST-ZIP				_		T-ZIP	
TITLE	L_I DELETE		5.1 TI	5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 N	AME		
STREET ADDRESS				5.3 ST	FREET	ADDRESS	
CITY-ST-ZIP				5.4 Ci	TY-S	T - ZIP	
TITLE			DELETE	6.1 TI	TLE		Change Addition
NAME				6.2 N/	AME	1	
STREET ADDRESS				6.3 \$1	TREET	ADDRESS	
CITY-ST-ZIP				6.4 CI			

14. 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 DOLOM. OHIGHT NOW MAYNAT 3/15/98

(561) 796-4465