FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 25 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S99360** **(7)**

1. Corporation Name
MOTORCYCLE FREIGHT, INC.

Principal Place of Business
6512 HOLLYWOOD BLVD.
HOLLYWOOD FL 33024

Mailing Address
6512 HOLLYWOOD BLVD.
HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/11/1991**
3a. Date of Last Report: **02/07/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **65-0366791** — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
ROSEN, RICK
6512 HOLLYWOOD BLVD.
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City — **FL** — 85 — Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ROSEN, RICK
STREET ADDRESS	6512 HOLLYWOOD BLVD.
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TI ☐ Change ☐ Addition
1.2 NA
1.3 ST
1.4 CI ADDRESS ZIP
2.1 TI ☐ Change ☐ Addition
2.2 NA
2.3 ST
2.4 CI ADDRESS ZIP
3.1 TI ☐ Change ☐ Addition
3.2 NA
3.3 ST
3.4 CI ADDRESS ZIP
4.1 TI ☐ Change ☐ Addition
4.2 NA
4.3 S
4.4 C ADDRESS ZIP
5.1 T ☐ Change ☐ Addition
5.2 N
5.3 S
5.4 C ADDRESS ZIP
6.1 T ☐ Change ☐ Addition
6.2 N
6.3 S
6.4 C ADDRESS ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a 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 added in connection with an address.

SIGNATURE: Rick Rosen Pres. 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0096171 CP