

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V31654

1. Corporation Name

HARLEY-DAVIDSON OF STUART, INC.

Principal Place of Business

4260 S.E. FEDERAL HWY.
STUART FL 34997

Mailing Address

4260 S.E. FEDERAL HWY
STUART FL 34997
US

FILED

99 OCT 29 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1992

4. FEI Number

65-0370388

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 owes the current year
Intangible Personal Property.



Yes ☐ No

9. Name and Address of Current Registered Agent

WAXLER, CAROL S.
73 S.W. FLAGLER AVE.
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

KENNETH SERAKAS

82 Street Address (P.O. Box Number is Not Acceptable)

4420 SW Laurel Oak Terrace

83 City

PALM CITY

FL

85 Zip Code

33490

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 Karin Serakas V.P. KARIN SERAKAS

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/21/99

12. OFFICERS AND DIRECTORS

TITLE	OPT	<input type="checkbox"/> DELETE
NAME	SERAKAS, KENNETH	
STREET ADDRESS	4260 S.W. FEDERAL HWY	
CITY-STATE-ZIP	STUART FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	SERAKAS, KARIN	
STREET ADDRESS	4260 S.E. FED. HWY	
CITY-STATE-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4420 SW Laurel OAK TERRACE
1.4 CITY-STATE-ZIP	PALM CITY FL 33490
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4420 SW Laurel OAK Terrace
2.4 CITY-STATE-ZIP	PALM CITY FL 33490
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	300003035243--6
3.4 CITY-STATE-ZIP	-11/04/99--01068--005
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	****550.00 ****550.00
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TS
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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.

SIGNATURE:

Karin Serakas KARIN SERAKAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/99 561-781-4420

Daytime Phone #

0110323

CR2E034 (5/99)

October 22, 1999

Division of Corporations
Annual Report Filings
PO Box 1500
Tallahassee, FL 32302

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Ladies and Gentlemen:

We submit the Corporate Annual Report for year 1999, for the entity, Harley Davidson of Stuart Inc. The document number is **V31654**.

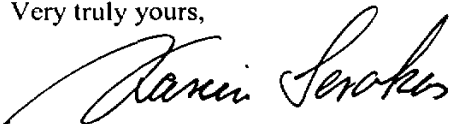
Please be advised that the assets and business operations of this corporation were sold in 1998 and the address shown on these documents is incorrect. Therefore the new owners did not direct these mailings to the client and the filing date was missed.

This corporation is still viable and wishes to continue its operations in the State of Florida. We submit the annual report along with \$550 penalty in hopes that the Division of Corporations will place this corporation back in good standings.

Please notice that all addresses and agents have changed so that this document will be mailed to the proper place of business in the future.

Thank you for your time and effort relative to this matter.

Very truly yours,



Karin Serakas
Vice President
Harley Davidson of Stuart, Inc.

KS/amv