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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V35666

DAYTONA FRONT WHEEL DRIVE, INC.

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**FILED** 

Apr 18 1997 8:00am

Secretary of State

D. L. IDI		<del></del>						
l		Mailing Address						
730 GLADES COURT PORT ORANGE FL 32127		730 GLADES COURT PORT ORANGE FL 32127-4324						
i,					3	Date Incorporated or Qualified 05/11/1992	3a. Date of L 04/18/19	
<b>-</b>		2a. Mailing Address 26	¬		4	4. FEI Number 59-3124575		Applied For Not Applicable
Suite, Apt.		Suite, Apt #, etc.		5	. Certificate of Status Desired	1 1	<b>75</b> Additional se Required	
City & State 23	9	City & State		6	i. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cor	intry	8	. This corporation has liability for in	tangible tax und	der s. 199.032,
24	25	29	30			Florida Statutes	Yes 🔀 No	]
	9. Name and Address of Current	Registered Agent			10	. Name and Address of New Reg	stered Agent	
DOL	JGHERTY, MICHAEL P			81 Name				, [
710	ICHABOD			82 Street	Addross (	P.O. Box Number in Net Acceptable	0)	
	RT ORANGE FL 32127			82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
				84 City			FL	Zip Code
11. Pursuant i office or re agent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	and 607, 1508, Florida Stat If Florida: Such change was ions of, Section 607,0505, F	ules, the al s authorize Florida Stat	hove-named d by the cor lutes	l corporation s	on submits this statement for the puboard of directors. I hereby accep	rpose of chang the appointmen	ing its registered nt as registered
	Michael P. Doughert Stonature, typed or pented name of registered agent	and the if applicable (No	Olt Registere	d Ageigt Justin	required who		<u> </u>	
12.	OFFICERS AND		13.			ADDITIONS CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1.1 Ti	li f	P		Cha	inge 🗶 Addition
NAME	DOUGHERTY, MICHAEL P		1.2 N	ME	ļ			
STREET ADDRESS	710 ICHABOD		1.3 \$1	REET ADDRESS				
CITÝ-ST-ZIP	PORT ORANGE FL 32127		1.4 CI	1Y - \$1 - 7IP				1
TITLE	D	DELETE	2 1 1	TLF	V, s		Cha	ange 💢 Addition
NAME	DOUGHERTY, CATHY E		2 2 N/	ME				
STREET ADDRESS	710 ICHABOD		2.3 ST	IRFE1 ADDRESS				
CITY-ST-ZIP	PORT ORANGE FL 32127		2.40	ITY - S1 - ZIP				
TITLE		DLTLE 🔲	3.1 11	1LE			☐ Cha	ange 🔲 Addition
NAME			3.2 N	ML				
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CITY-ST-ZIP			3 4. C	ITY-ST-ZIP	[			
TITLE		☐ DELETE	4.1 11				☐ Cha	inge 🔲 Addition
NAME			4. 2 N	AME	Ţ			Į
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CITY-ST-ZIP			4.4 CI	1Y - \$1 - ZIP				
TITLE		DELETE	5.1 11	ILF			☐ Cha	inge 🔲 Addition
NAME			5.2 N/	JM/	1			Ì
STREET ADDRESS			5381	RELL ADDRESS	}			Ì
CITY-ST-ZIP	,			1Y-\$1-7rP				
TITLE	,	DELETE	6.1 7/				Cha	inge Addition
NAME .			6.2 N/	ME SME				İ
STREET ADDRESS			1	REET ADDRESS				Ì
				14 - S1 - ZIP	1	1		{
CITY-ST-ZIP	700		■ 6.4 GI	11.21.71,	<del></del>		17 0 0	

I do 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.