FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

APPROVED AND FILED

95 MAY -1 PM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V42697 (5)

1. Current Name
SCOOTER'S PARTS AND ACCESSORIES, INC.

Principal Office Address
210 SO FRENCH AVE
SANFORD FL 32771
US

Mailing Address
PO BOX 2393
SANFORD FL 32772-2393
US

3. Date Incorporated or Qualified: 06/09/1992
3a. Date of Last Report: 06/21/1994

2. Previous Corporate Name
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City, State
23

City, State
28

24 25 29 30

4. FEI Number: 59-3125354
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. Does the corporation elect to be governed by Section 607.0830 of the Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MILLER, AARON
210 SO FRENCH AVE
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLER, AARON
STREET ADDRESS	210 SO FRENCH AVE
CITY, ST, ZIP	SANFORD FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [✓] Addition
NAME	V.P.
STREET ADDRESS	CLAYTON W. PAGE
CITY, ST, ZIP	112 WAYSIDE CT.
	SANFORD, FL 32771
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is correct to the best of my knowledge and belief, and that I am a duly authorized officer of the corporation or other organization required to file the report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached list, if I am an officer or director of more than three officers or directors.

SIGNATURE: [signature] 5/2/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0419718 FP