

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K94172** (9)

1. Corporation Name

PRO CYCLES, INC.



Principal Place of Business

**417 S FEDERAL HWY
STUART FL 34994
US**

Mailing Address

**417 S FEDERAL HWY
STUART FL 34994
US**

3. Date Incorporated or Qualified

06/09/1989

3a. Date of Last Report

05/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-9126543

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GELFAND, MICHAEL J.
ONE CLEARLAKE CENTRE, SUITE 1010
250 AUSTRALIAN AVE SOUTH
WEST PALM BEACH FL 33401**

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 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

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

(If not the Registered Agent, signature required when not applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **DP
JIMENEZ, VICTOR J.**
STREET ADDRESS **314 PELICAN DRIVE**
CITY- ST- ZIP **STUART FL**

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VS
JIMENEZ, ADRIENNE**
STREET ADDRESS **314 PELICAN DR**
CITY- ST- ZIP **STUART FL**

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

62 NAME

63 STREET ADDRESS

64 CITY- ST- 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 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: *Victor Jimenez* **Victor Jimenez** President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96

DATE

457 220 1766

OFFICE PHONE #

CR2E034 (12/95)