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FILED

**Feb 12 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # N94000002470 (2)

1. Corporation Name

BIG WHEELERS BICYCLE CLUB, INC.



Principal Place of Business

Mailing Address

13727 S.W. 152 STREET
SUITE 288
MIAMI FL 33177
US

13727 S.W. 152 STREET
SUITE 288
MIAMI FL 33177-1106
US

3. Date Incorporated or Qualified
05/13/1994

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLE

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

10. Name and Address of New Registered Agent

**SCOTT, GAIL
13727 S.W. 152 STREET
SUITE 288
MIAMI FL 33177**

81 Name

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

502-B MADEIRA AVE.

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **DP SCOTT, GAIL**
STREET ADDRESS **13727 S.W. 152 STREET SUITE 288**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **502-B MADEIRA AVE.**
1.4 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE DELETE
NAME **DV BERGER, ROBIN**
STREET ADDRESS **6417 SW 138TH PLACE**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME **DS RUPERT, BARBARA**
STREET ADDRESS **13135 S.W. 107 TER.**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME **DT SHELTON, ROY**
STREET ADDRESS **12975 S.W. 187 ST.**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000

CR2E037 (9/96)