

**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 # P94000013232 (1)

1. Corporation Name

TWIN THUNDER CYCLE SUPPLY INC.



Principal Place of Business

Mailing Address

1599 S W 30TH AVENUE  
SUITE #8  
BOYNTON BEACH FL 33436

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SUITE #8  
BOYNTON BEACH FL 33436

3. Date Incorporated or Qualified  
02/14/1994

3a. Date of Last Report  
05/01/1995

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

4. FEI Number

65-0465942

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

BECK, PETER S JR.  
60 HASTINGS LANE  
LANTANA FL 33462

81 Name  
GHERSETICH, CHARLES A

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

84 City BOYNTON BEACH FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0509 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

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

CHARLES GHERSETICH ✓  
(NOTE: Registered Agent's signature required when reinstating)

4-29-96  
DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BECK, PETER S JR.	
STREET ADDRESS	60 HASTINGS LANE	
CITY-ST-ZIP	LANTANA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GHERSETICH, CHARLES A	
STREET ADDRESS	78 BUXTON LANE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	OT	<input checked="" type="checkbox"/> DELETE
NAME	BECK, CATHERINE R.	
STREET ADDRESS	60 HASTINGS LANE	
CITY-ST-ZIP	LANTANA FL	
TITLE	OS	<input type="checkbox"/> DELETE
NAME	GHERSETICH, SANDRA L	
STREET ADDRESS	78 BUXTON LANE	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D, P, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*Charles Ghersetich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES GHERSETICH ✓

4-29-96  
Date

407-738-1720  
Daytime Phone #

CR2E034 (12/95)