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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000036673	(8)
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MOINE CYCLE WAREHOUSE, INC.

Maling Address



174 SHERIDAN LONGWOOD FL		174 SHERIDAN A' LONGWOOD FL 3			Date incorporated or Qualified	3a. Date of Last Report
					05/05/1995	N/A
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number	Applied For
1055	Hursery Rd #169	26			59-3320160	Not Applicable
Suite, Apt. #, et	ic.	Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	·	•	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	У	8. This corporation has liability for i	
4 32 708	3 25 USA	29	30			No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	legistered Agent
			8	1 Name		
MOINE, JO	OSEPH A NDAN AVE.		8	2 Street Ad	ddress (P.O. Box Number is Not Acceptab	ole)
	OD FL 32750		8	3		
			8	4 City		FL 85 Zip Code
	agent, or both, in the State of Florid: and accept the obligations of, Section		ionzed by the co lutes.	проганов в	poration submils this statement for the pur oard of directors. Thereby accept the app	
Sign	natura, bypand or printed har wint reginterest with a			p.: 1 Sign.Culter test	ured wher ourstaing	DATE
12.	OCCIOCOS ANIO					
	OFFICE NO MINI	D:REGTORS	13.	,		ICERS AND DIRECTORS IN 12
TILE	OFFICENS AND	DELETE	1 1 मा		PRESIDENT	Change Addition
	OFFICE AS AND		1 1 THI 1 2 NAM	E	PRESIDENT JOSEPH A. MOINE	☐ Change 🙀 Addition
TITLE	OFFICEAS AND		1 1 T/TI 12 NAM 13 STRI	ET ADDRESS	PRESIDENT JOSEPH A. MOINE 174 SHERIDAN AVE	☐ Change 🙀 Addition
THE NAME STREET ADDRESS CITY-ST-ZIP	OFFICEAS AND	[] DELEIE	1 1 TH 12 NAN 13 STR 14 CHS	E ADDRESS - ST-ZIP	PRESIDENT JOSEPH A. MOINE 174 SHERIDAN ANE LONGWOOD PL 327	☐ Change 😡 Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TILE	OFFICEAS AND		1 1 THU 12 NAM 13 STR 1.4 CHY 2 1 THU	ET ADDRESS -ST-ZIP	PRESIDENT JOSEPH A. MOINE 174 SHERIDAN AVE LONGWOOD PL 327 VICE- PRESIDENT	☐ Change 😾 Addition Change 💢 Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME	OFFICE AS AND	[] DELEIE	1 1 TUL 12 NAM 13 STRI 14 CITY 2 1 TUL 22 NAM	E TET ADDRESS ST-ZIP F TET ADDRESS ST-ZIP	PRESIDENT JOSEPH A. MOINE 174 SHERIDAN AVE LONGWOOD FL 327 VICE- PRESIDENT DEMETRA A. MOINE	☐ Change 😾 Addition Change 💢 Addition
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TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICE AS ANY	DELETE	1 1 TVI 12 NAN 13 STRI 14 CIN 2 1 TIII 22 NAA 23 SFR	E TET ADDRESSST-ZIP E TET ADDRESSST-ZIP E TET ADDRESSST-ZIP	PRESIDENT JOSEPH A. MOINE 174 SHERIDAN AVE LONGWOOD FL 327 VICE- PRESIDENT DEMETRA A. MOINE	☐ Change
TILE NAME STREET ADDRESS CITY-57-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICE AS ANY	[] DELEIE	1 1 TVI 12 NAM 13 STRI 14 CNV 2 1 TIII 22 NAA 23 SFR 24 CNV	E TET ADDRESS -ST-ZIP F THE TET ADDRESS -ST-ZIP F THE TET ADDRESS -ST-ZIP T T T T T T T T T T T T T T T T T T T	PRESIDENT JOSEPH A. MOINE 174 SHERIDAN AVE LONGWOOD FL 327 VICE- PRESIDENT DEMETRA A. MOINE 174 SHERIDAN AVE	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICE AS ANY	DELETE	1 1 TVI 12 NAM 13 STR 1.4 CIIV 2 1 TIII 22 NAM 23 STR 2.4 CIIV 3 1 TII 32 NAM	E TET ADDRESS -ST-ZIP F THE TET ADDRESS -ST-ZIP F THE TET ADDRESS -ST-ZIP T T T T T T T T T T T T T T T T T T T	PRESIDENT JOSEPH A. MOINE 174 SHERIDAN AVE LONGWOOD FL 327 VICE- PRESIDENT DEMETRA A. MOINE 174 SHERIDAN AVE	☐ Change
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICE AS ANY	DELETE	1 1 TVI 12 NAM 13 STRI 1.4 CIIV 2 1 TIII 22 NAM 23 STRI 24 CIIV 3 V TII 32 NAM 33 STRI	EEF ADDRESS -ST-ZIP F EEE ADDRESS (ST ADDRESS (ST ZP) EE	PRESIDENT JOSEPH A. MOINE 174 SHERIDAN AVE LONGWOOD FL 327 VICE- PRESIDENT DEMETRA A. MOINE 174 SHERIDAN AVE	☐ Change
TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICE AS A W.	DELETE	1 1 TVI 12 NAM 1 3 STR 1.4 CIIV 2 1 TIII 2 2 NAA 2 3 STR 2 4 CIIV 3 1 TII 3 2 NAA 3 3 STR 3 4 CIIV	EEF ADDRESS -ST-ZIP F EEET ADDRESS -ST-ZIP LE LE LE LE LE LE LE LE LE LC	PRESIDENT JOSEPH A. MOINE 174 SHERIDAN AVE LONGWOOD FL 327 VICE- PRESIDENT DEMETRA A. MOINE 174 SHERIDAN AVE	☐ Change
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TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICE AS AND	☐ DELETE	1 1 TVI 12 NAM 13 STR 1.4 CIIV 2 1 TVI 22 NAM 23 STR 24 CIIV 3 1 TTI 32 NAM 33 STR 34 CIIV 4 1 TXI 42 NAM 43 STR	EET AODRESS -ST-ZIP E EET AODRESS -ST-ZIP E E EET AODRESS -ST-ZIP EET AOORESS (-ST-ZIP LE	PRESIDENT JOSEPH A. MOINE 174 SHERIDAN AVE LONGWOOD FL 327 VICE- PRESIDENT DEMETRA A. MOINE 174 SHERIDAN AVE	Change Addition Change X Addition Change Addition Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICE AS AND	☐ DELETE	1 1 TVI 12 NAM 13 STR 1.4 CIIV 2 1 TIII 22 NAM 23 STR 24 CIIV 3 1 TII 32 NAM 33 STR 34 CIIV 4 1 TVI 42 NAM 43 STR	EEF ADDRESS -ST-ZIP F EE EET ADDRESS -ST-ZIP EE EET ADDRESS (-ST-ZIP LE EEE ADDRESS (-ST-ZIP LE EEE ADDRESS (-ST-ZIP	PRESIDENT JOSEPH A. MOINE 174 SHERIDAN AVE LONGWOOD FL 327 VICE- PRESIDENT DEMETRA A. MOINE 174 SHERIDAN AVE	☐ Change
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I do hereby certify that the information is implied with this filing is voluntarily furnished and does not quality 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 fegal effect as if made under oath; that I am an officer or director of this 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 is changed, or on an attachment with an address

SIGNATURE:

Denetra Moine 5-14-96