

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000093812 (2)**

1. Corporation Name  
**AUTOBIKE CREATIONS OF SOUTH FLORIDA, INC.**



Principal Place of Business: **219 N.W. 41ST WAY DEERFIELD BEACH FL 33442**  
Mailing Address: **219 N.W. 41ST WAY DEERFIELD BEACH FL 33442**

3. Date Incorporated or Qualified: **12/11/1995**  
3a. Date of Last Report  
4. FEI Number: **65-0617713**  
Applied For:  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

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip Country  
24. 25. 26. 27. 28. 29. 30. 2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**FEINSTEIN, MICHAEL  
888 E. LAS OLAS BLVD.  
SUITE 710  
FT. LAUDERDALE FL 33301**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and the agent's date. (NOTE: Registered Agent signature required when registering.)

**OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE:  DELETE  
NAME: **PSD GENOVESE, KIM M**  
STREET ADDRESS: **219 N.W. 41ST WAY**  
CITY-ST-ZIP: **DEERFIELD BEACH FL 33442**  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:  
TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

1. 1. TITLE  Change  Addition  
1. 2. NAME  
1. 3. STREET ADDRESS  
1. 4. CITY-ST-ZIP  
2. 1. TITLE  Change  Addition  
2. 2. NAME  
2. 3. STREET ADDRESS  
2. 4. CITY-ST-ZIP  
3. 1. TITLE  Change  Addition  
3. 2. NAME  
3. 3. STREET ADDRESS  
3. 4. CITY-ST-ZIP  
4. 1. TITLE  Change  Addition  
4. 2. NAME  
4. 3. STREET ADDRESS  
4. 4. CITY-ST-ZIP  
5. 1. TITLE  Change  Addition  
5. 2. NAME  
5. 3. STREET ADDRESS  
5. 4. CITY-ST-ZIP  
6. 1. TITLE  Change  Addition  
6. 2. NAME  
6. 3. STREET ADDRESS  
6. 4. CITY-ST-ZIP

**600001819726**  
**-05/14/96--01014--027**  
**\*\*\*225.00**

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: *Kim M. Genovese* **Kim M. Genovese** 5/16/96 (705) 431-7576  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)