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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600053476 (3)

VARSITY CYCLE, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place of Business Mading Address 2601 NORTH FEDERAL HIGHWAY 2601 NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/21/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0696851 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zic Country Zip Country This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due Jurie 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Flegistered Agent 81 Name CAPPADONA, ANTHONY R 2601 NORTH FEDERAL HIGHWAY 62 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33306 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD DELE TE Change Addition TITLE 111006 CAPPADONA, ANTHONY R NAME 1.2 NAME 2370 S.E. 10 STREET 1.3 STREET ADDRESS STREET ADDRESS **POMPANO BEACH FL 33062** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREFT ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP Change DELETE Addition 4.1 THILE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

MATURE TO A MARIE TO

4/24/98 (054) 561-736