

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P96000053476

1. Entity Name  
VARSITY CYCLE, INC.



Principal Place of Business  
2601 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE, FL 33306 US

Mailing Address  
2601 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE, FL 33309

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0696851

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CAPPADONA, ANTHONY R  
2601 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE, FL 33306

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U00000122271  
04/21/04-80022-019 158.75

10. OFFICERS AND DIRECTORS

TITLE  
NAME PD  
CAPPADONA, ANTHONY R  
STREET ADDRESS 2300 SE 8TH STREET  
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:

*Anthony R. Cappadone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04 (954) 561-2236  
Date Daytime Phone #