## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 329788

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HARTN	MAN CYCLE CENTER, INC.						
Principal Place of Business Mailing Address					1 (69) 06 (1) (10 (1) (1) (1) (1) (1) (1) (1) (1) (1)	i Binis Gibit Bibit Atl	111 0:001 10 Es
154S & MONROE ST 154S & MONROE ST TALLAHASSEE FL 32301 TALLAHASSEE FL 32301					DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified 05/08/1968		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	I IAr	pplied For
26					59-1211724		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					6. Certificate of Status Desired	\$8.75	Additional equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	У	8. This corporation owes or has paid the		tangible
24	25		30		Personal Property Tax due June 30.		No
	9. Name and Address of Curre	nt Registered Agent	<u> </u>	1	10. Name and Address of New Registe	ed Agent	
	artman, alfred C SR		81	Name			
1913 HARRIETT DR			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
AT.	LLAHASSEE FL 32301			ļ			· .
			83				1.5
			84	City		85 Zip	Code
				l		FL   20 2 2 1	
agent. I a	Signature, typed or printed name of registered ag	gent and little if applicable (NOTE			rporation submits this statement for the purpor ation's board of directors. I hereby accept the ulred when reinstating) DA	TE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	DELETE 1.1 TI		l		☐ Change	Addition
NAME	HARTMAN, ALFRED C 1913 HARRIETT DR		1.2 NAME			•.	l
STREET ADDRESS			•	T ADORESS			
CITY-ST-ZIP	TALLAHASSEE FL S			ST-ZIP		Change	Addition
TITLE	HARTMAN, DOROTHY	□ Deteit	2.1 TITLE 2.2 NAME			□ cusião	
NAME		4040 UADDIETT DONE					
STREET ADDRESS	TALLAHASSEE FL		2.3 STREET ADDRESS				,
CITY-ST-ZIP			2. 4 CITY - 3.1 TITLE	SI-ZIP		Change	Addition
NAME	HARTMAN, ALFRED JR	L otter	3.2 NAME	-		U.m.ig0	
STREET ADDRESS	4040 114000000 00			T ADDRESS			•
CITY-ST-ZIP	TALLALIA COPE EL		3.4. CITY-				
TITLE		DELETE	4.1 TITLE			☐ Change	Addition
NAME		•—	4. 2 NAME	:		,	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	•		4.4 CITY-	I .			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	- 1			
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE			6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADORESS			6.3 STREE	T ADDRESS			

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 prachment with an address.

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**FILED** 

Mar 04 1998 8:00am

Secretary of State