

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

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 401796 (8)
 1. Corporation Name
PASCO CYCLE, INC

Principal Place of Business 8822 US HWY 19 PORT RICHEY FL 34668	Mailing Address 8822 US HWY 19 PORT RICHEY FL 34668-5242
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1972	3a. Date of Last Report 03/29/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-1408921	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
YOUNG, JAMES E 8822 US HWY 19 PORT RICHEY FL 34668		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JAMES E	1.2 NAME	
STREET ADDRESS	8822 US HWY 19	1.3 STREET ADDRESS	8440 Indies Drive
CITY-ST-ZIP	PORT RICHEY, FL 00000	1.4 CITY-ST-ZIP	Hudson FL 34667
TITLE	TVD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ELEANOR	2.2 NAME	
STREET ADDRESS	8822 US HWY 19	2.3 STREET ADDRESS	8440 Indies Drive
CITY-ST-ZIP	PORT RICHEY, FL 00000	2.4 CITY-ST-ZIP	Hudson FL 34667
TITLE	TV <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ELEANOR	3.2 NAME	
STREET ADDRESS	8822 US 19	3.3 STREET ADDRESS	8440 Indies Drive
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP	Hudson FL 34667
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JAMES E	4.2 NAME	
STREET ADDRESS	8822 US 19	4.3 STREET ADDRESS	8440 Indies Drive
CITY-ST-ZIP	PORT RICHEY FL	4.4 CITY-ST-ZIP	Hudson FL 34667
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Eleanor & Young DATE: 1-2-97 813-842-6624

CP2E034 (9/96)