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



## **FILED** Apr 21 1997 8:00am Secretary of State



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COF ANNU	PROFIT RPORATION JAL REPORT	FLORIDA DEPA Sandra Secret	ARTMENT OF STATE  B. Mortham  ary of State	1	997 8:00ar ary of State
POCUI Corporation	MENT # 40348 R CYCLE SALES, INC	B Luiter"	CORPORATIONS		
8331 E. FOWL THONOTOSAS	ER AVE.	9331 E. FOWLER AVE. THONOTOSASSA FL 335	592-2135		
· .				3. Date Incorporated or Qualified 06/22/1972	3a. Date of Last Report 04/18/1996
<del></del>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		59-1419407	Not Applicabl
22		27		6. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution  8. This corporation has liability for	
14	25	29	30	Florida Statutes	X Yes 🔲 No
	9. Name and Address of Cure	rent Registered Agent	81 Name	10. Name and Address of New Ro	egistered Agent
AGUILAR,MIKE 17018 DENNIS ROAD LUTZ FL 33549				tone (D.O. Day Number in Not Assente	la la l
			82 Street Add	fress (P.O. Box Number is Not Accepta	018)
			83		
			84 City		FL 85 Zip Code
Office or f	egistered agent, or both, in the Sta	ate of Florida. Such change was	authorized by the corpora	ation's board of directors. I hereby acce	ot the appointment as registered.
SIGNATURE	Signature, typed or printed name of registered		DIE Registered Agent signature requ	poration submits this statement for the attion's board of directors. I hereby accelled when reinstating)  ADDITIONS/CHANGES TO OFFICE	DAYE
SIGNATURE	Signature, typed or priviled name of registered OFFICERS A	agent and tille if applicable. (NC	PTF : Rogistered Agent signature requ	ulred when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or priviled name of registered OFFICERS A PD AGUILAR, MIKE	agent and title it applicable. (NC	DIE: Registered Agent signature required 13. 1.1 TRUE 1.2 NAME	ulred when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or priviled name of registered OFFICERS A PD AGUILAR, MIKE 17018 DENNIS RD	agent and title it applicable. (NC	11: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ulred when reinstating)	DATE CERS AND DIRECTORS IN 12
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