## 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** #

「# 403**4**8

(9)

AGUILAR CYCLE SALES, INC

| AGUILA                        | us CTGLE        | SALES, INC                   |   |                      |              |                |                 |            |  |                |                |                   |
|-------------------------------|-----------------|------------------------------|---|----------------------|--------------|----------------|-----------------|------------|--|----------------|----------------|-------------------|
| Principal Place               | e of Business   |                              | Mailing Ad-                                     | Mailing Address      |              |                |                 |            | <b>                                    </b>            | .DI FIDIA DADA | , BERRE OF DIE |                   |
| 9331 F FOWI                   | FR AVE          |                              | grat e ec                                       | 9331 E. FOWLER AVE.  |              |                |                 | -          |  |                |                |                   |
|                               |                 |                              |   | HONOTOSASSA FL 33592 |              |                |                 |            | DO NOT WRITE   | E INITHIO      | CDACE          |                   |
|                               |                 |                              |   |                      |              |                |                 | -          | 3. Date Incorporated or Qualified                      | IN INIO        | SFACE.         | <del></del>       |
|                               |                 |                              |   |                      |              |                |                 | '          | 06/22/1972   |                |                |                   |
| 2. Principal P                | Address         |                              |   |                      |              | 4. FEI Number  |                 | IAI        | pplied For   |                |                |                   |
| 21                            |                 |                              | 26  | 26                   |              |                |                 |            | 59-1419407   |                | No             | ot Applicable     |
| Suite, Apt.                   | #, etc.         |                              | Suite, A  | Suite, Apt. #, etc.  |              |                |                 |            | 5. Certificate of Status Desired                       |                |                | Additional        |
| 22                            |                 |                              | 27  |                      |              |                |                 |            |  |                |                | equired           |
| City & State                  | e               |                              | ·   | City & State         |              |                |                 | [ [        | 6. Election Campaign Financing Trust Fund Contribution |                |                | May Be<br>to Fees |
| Zip Country                   |                 |                              | <del></del>                                     | Zip Country          |              |                |                 |            | This corporation owes or has p                         |                |                |                   |
| 24                            | 25              |                              | <u>├</u>  | <u>├</u> ~~ `        |              | 30             |                 | '          | Personal Property Tax due June                         |                |                | ] No              |
|                               |                 |                              | rrent Registered Ag                             | jent                 |              |                |                 | 10         | 0. Name and Address of New R                           | egistered      | Agent          |                   |
| AG                            | UILAR,MIKE      |                              |   |                      |              | 81             | Name            |            |  |                |                |                   |
|                               | 18 DENNIS       |                              |   |                      |              |                | Street Ac       | ddress     | (P.O. Box Number is Not Accepta                        | ble)           |                |                   |
| נט                            | TZ FL 33549     | ₽                            |   |                      |              |                |                 |            |  |                |                |                   |
|                               |                 |                              |   |                      |              | 83             |                 |            |  |                |                |                   |
|                               |                 |                              |   |                      |              | 84             | City            |            | ·  | FL             | <b>85</b> Zip  | Code              |
| 44 Durewant                   | to the provisi  | one of Sections 607          | 0502 and 607 1508                               | Florida Statu        | tas tha      | above          | a-named co      | ornorei    | tion submits this statement for the                    |                | d changing i   | ts renistered     |
| office or r                   | registered ao   | ent, or both, in the S       | tate of Florida, Such<br>bligations of, Section | change was           | authoriz     | ed by          | the corpo       | oration's  | s board of directors. I hereby acce                    | pt the app     | ointment as    | registered        |
| •                             | im familiar wii | in, and accept the of        | Digations of, Section                           | 1 007.0505, FI       | iorioa Su    | atutes         | ١.              |            |  |                |                |                   |
| SIGNATURE                     | Signature typed | or printed name of registere | d agent and title if applicable                 | e (NO                | 1L: Register | ed Age         | nl signature re | equired wt | hen reinstating)                                       | DATE           | •              |                   |
| 12.                           |                 | OFFICERS                     | AND DIRECTORS                                   |                      | 13           |                |                 |            | ADDITIONS/CHANGES TO OFFI                              | CERS AND       |                |                   |
| TITLE                         | PD              |                              | ļ   | DELETE               | - 6          | TITLE          |                 |            |  |                | Change         | Addition          |
| NAME                          | AGUILAF         |                              |   |                      |              | NAME           |                 |            | •  |                |                |                   |
| STREET ADDRESS                |                 | ENNIS RD                     |   |                      |              |                | ADDRESS         |            |  |                |                |                   |
| CITY-ST-ZIP                   | LUTZ, FL        | . 00000                      |   | DELETE               |              | CITY-S         | T-ZIP           |            |  |                | Change         | Addition          |
| TITLE                         | ST              | NEW COLV                     | !   |                      |              | TITLE          |                 |            |  |                | LI Orkinge     | Manifoli          |
| NAME .                        |                 | r, beverly<br>Ennis RD       |   |                      |              | NAME<br>CTOSET | ADDRESS         |            |  |                |                |                   |
| STREET ADDRESS<br>CITY-ST-ZIP | LUTZ, FL        |                              |   |                      |              | CITY-S         |                 |            |  |                |                |                   |
| TIFLE                         | LOIL, F         | , 0000                       |   | DELETE               | _            | TITLE          | ,1-24           |            |  |                | ☐ Change       | Addition          |
| NAME                          |                 |                              |   |                      | 3.2          | NAME           |                 |            |  |                |                | 1                 |
| STREET ADORESS                |                 |                              |   |                      | 3.3          | STREET         | ADDRESS         |            |  |                |                | i                 |
| CITY-ST-ZIP                   |                 |                              |   |                      | 3.4.         | CITY-5         | ST-ZIP          |            |  |                |                |                   |
| TITLE                         |                 |                              |   | DELETE               | 4.1          | TITLE          |                 |            |  |                | Change         | ☐ Addition        |
| NAME                          |                 |                              |   |                      | 4. 2         | NAME           | 1               |            |  |                |                |                   |
| STREET ADDRESS                |                 |                              |   |                      | 4.3          | STREET         | ADDRESS         |            |  |                |                |                   |
| CITY - ST - ZIP               |                 |                              |   |                      |              | CITY-S         | T-ZIP           |            |  |                |                |                   |
| TITLÉ                         |                 |                              | ļ   | ☐ DELETE             | - 1          | TITLE          |                 |            |  |                | L Change       | Addition          |
| NAME                          |                 |                              |   |                      |              | NAME           |                 |            |  |                |                |                   |
| STREET ADDRESS                |                 |                              |   |                      |              |                | ADDRESS         |            |  |                |                |                   |
| CITY-S1-ZIP                   |                 |                              | 7   | ☐ DELETE             | _            | CITY-S         | T - ZIP         |            |  |                | Change         | Addition          |
| TITLE                         |                 |                              | ļ   | ☐ DELETE             |              | TITLE          | -               |            |  |                | ☐ oneside      | L.J NOUMON        |
| NAME                          |                 |                              |   |                      |              | NAME           | ADDRESS         |            |  |                |                |                   |
| STREET ADDRESS .              | ·               |                              |   |                      |              | CITY-S         | 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 attachment with an address.

SIGNATURE:

The Market

April 17, 1998

813-961-3945

**FILED** 

Apr 24 1998 8:00am

Secretary of State