

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 547505 (8)  
1. Corporation Name  
STREIT'S SCHWINN CYCLERY OCALA, INC.



Principal Place of Business Mailing Address  
1274 EAST SILVER SPRINGS BLVD 1274 EAST SILVER SPRINGS BLVD  
OCALA FL 32670-6806 Ocala FL 32670-6806

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/23/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1757175	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WEBB, KAY STREIT 1274 E SILVER SPRGS.BLVD. OCALA FL 32670				10. Name and Address of New Registered Agent			
81	Name William Allan King			85	Zip Code 32670		
82	Street Address (P.O. Box Number is Not Acceptable) 7 E. Silver Springs Blvd.						
83	Suite 500						
84	City Ocala						

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 William Allan King (NOTE: Registered Agent signature required when reinstating) DATE 4/29/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE (D) (P)	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STREIT, KAY			1.2 NAME	WILLIAM R. CASTONGUE		
STREET ADDRESS	1274 E SILVER SPRGS BLVD			1.3 STREET ADDRESS	10155 SE 130TH PL RD		
CITY-ST-ZIP	OCALA FL			1.4 CITY-ST-ZIP	SUMMERFIELD, FL 34491		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE (D) (V)	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STREIT, JEANNE			2.2 NAME	JOHN M. MCCLANE		
STREET ADDRESS	1274 E SILVER SPRGS BLVD			2.3 STREET ADDRESS	3290 SE 33RD CT		
CITY-ST-ZIP	OCALA FL			2.4 CITY-ST-ZIP	OCALA, FL 34471		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREIT, HERSHELL E			3.2 NAME			
STREET ADDRESS	1274 E SILVER SPRGS BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
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 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: J.M. McClane J.M. MCCLANE VICE PRESIDENT 4/29/98 (352) 629-2612

CR2E034 (10/97)