

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 667852 (8)

1. Corporation Name

EASY RIDER BIKE, INC.



Principal Place of Business

C/O FRANK M. CHILDERS JR.,
5261 S.W. 21 STREET
PLANTATION FL 33317

Mailing Address

C/O FRANK M. CHILDERS JR.,
5261 S.W. 21 STREET
PLANTATION FL 33317

2. Principal Place of Business

2a. Mailing Address

21 2901 S. UNIVERSITY DR

26 P.O. Box 292170

22 Suite, Apt. #, etc.
DAVE, FL. 33328

27 Suite, Apt. #, etc.

23 City & State

28 DAVE, FL.

24 Zip 33328

25 Country USA

29 Zip 33329

30 Country USA

9. Name and Address of Current Registered Agent

CHILDERS, JR., FRANK M.
5261 S.W. 21 STREET
PLANTATION FL 33317

3. Date Incorporated or Qualified
04/19/1980

3a. Date of Last Report
08/16/1995

4. FEI Number
59-1999674

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CHILDERS, JR., FRANK M.
5261 S.W. 21 ST.
PLANTATION FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIMPSON, BARBARA
110 BRAUN DRIVE
MACMURRAY PA ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHILDERS, FRANK EDWARD
4111 STIRLING ROAD, #106
FORT LAUDERDALE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

954-792-8437

Daytime Phone #

CR2E034 (12/95)