

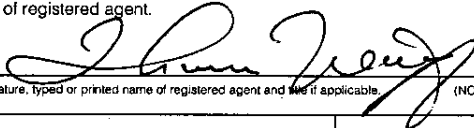
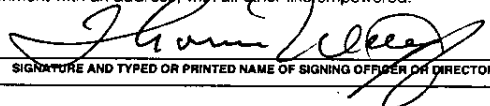


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90046 041 ****61.25

DOCUMENT #736451 1. Entity Name EVERGLADES BICYCLE CLUB, INC.					
Principal Place of Business 11030 N RENDALL DR #200 MIAMI, FL 33176-1228 US			Mailing Address P O BOX 430282 #200 MIAMI, FL 33247-0282 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 430282 S. Miami			
City & State Zip		City & State FL. Zip 33243		4. FEI Number 59-1654820	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent WULFF, THOMAS 8395 SW 158TH ST MIAMI, FL 33157				7. Name and Address of New Registered Agent Name JOE WASCURA Street Address (P.O. Box Number is Not Acceptable) 817 LORCA ST. CORAL GABLES City FL Zip Code 33143	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE 1-17-04 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DERBY, FIFI 11412 NE 8TH CT MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. JOE WASCURA 817 LORCA ST CORAL GABLES FL. 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WULFF, THOMAS 8395 SW 158TH ST MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. RAFAEL ACOSTA 12345 SW 25TH TERR. HOMESTEAD, FL 33032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M HERCH, RARRY 14510 SW 77TH CT MAIMI, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. ROLAND MARZOTTI 6810-CAPIRIA ST CORAL GABLES, FL. 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RADAR, MARCIA 10657-A SW 113 AVE MIAMI LAKES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. FRED GLICKMAN 8800 S. PADLAND BLVD MIAMI, FL-33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCIA RADER 10651-A SW 113 PLACE MIAMI, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTZMAN, LEE 9241 SW 103 ST MIAMI, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE 1-17-04 (305) 3788002 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					