

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra R. Morrison
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 12: 15

DOCUMENT # **847445** (4)

1. Corporation Name
G. JOANNOU CYCLE CO., INC.

Principal Place of Business Mailing Address
151 LUDLOW AVENUE **151 LUDLOW AVENUE**
NORTHVALE NJ 07647 **NORTHVALE NJ 07647**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/10/1980** 3a. Date of Last Report **04/07/1994**

21. Principal Place of Business Suite, apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.	4. FEI Number 13-5576692	Applied For <input type="checkbox"/> Not Applicable
23. City & State Zip Country	27. City & State Zip Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip	25. Country	29. Zip	30. Country

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

9. Name and Address of Current Registered Agent CHARI, ANDREAS 4801 S.W. 133RD AVENUE MIAMI FL 33175	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNOU, CARINE	2. NAME	
STREET ADDRESS	3 RIDGE ROAD	3. STREET ADDRESS	
CITY- ST- ZIP	TENAFLY, N J	4. CITY- ST- ZIP	
TITLE	V	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNOU, MADELEINE	22. NAME	
STREET ADDRESS	3 RIDGE ROAD	23. STREET ADDRESS	
CITY- ST- ZIP	TENAFLY, N J	24. CITY- ST- ZIP	
TITLE	ST	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNOU, CYNTHIA	32. NAME	
STREET ADDRESS	3 RIDGE ROAD	33. STREET ADDRESS	
CITY- ST- ZIP	TENAFLY, N J	34. CITY- ST- ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. 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 190.02(3)(b), 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 my appointment with an address.

SIGNATURE: *Madeleine Joannou*
Typed name and title of signing officer on line 13

Mar 21, 1995