

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

FILED

**Feb 24 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 847445 (4)

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



Principal Place of Business 151 LUDLOW AVENUE NORTHVALE NJ 07647	Mailing Address 151 LUDLOW AVENUE NORTHVALE NJ 07647
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/10/1980
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 13-5576692
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/>
25. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24. Country	30. Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent CHARI, ANDREAS 4801 S.W. 133RD AVENUE MIAMI FL 33175		81. Name
		82. Street Address (P.O. Box Number is Not Acceptable)
		83. City
		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 607.0605, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNOU, CARINE	1.2 NAME	
STREET ADDRESS	3 RIDGE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	TENAFLY, N J	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNOU, MADELEINE	2.2 NAME	
STREET ADDRESS	3 RIDGE ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	TENAFLY, N J	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNOU, CYNTHIA	3.2 NAME	
STREET ADDRESS	3 RIDGE ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	TENAFLY, N J	3.4 CITY - ST - ZIP	
TITLE		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		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		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 supplement 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: *Madeleine Joannou V-P Feb 17/98*

CP2E094 (10/97)