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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700006308 (7)

EAST COAST CYCLES, INC.

## FILED May 19 1998 8:00am Secretary of State

Principal Place of Business Mailing Address % DENNIS KATONA % DENNIS KATONA 7915 LEO KIDD AVE. 7915 LEO KIDD AVE DO NOT WRITE IN THIS SPACE PORT RICHEY FL 34668 PORT RICHEY FL 34668 3. Date Incorporated or Qualified 12/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 25-1761267 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\square$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes □ Ño 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 M & R PONY EXPRESS INC. ATTN: MARIA V. ADAMS Street Address (P.O. Box Number is Not Acceptable) 82 7853 LEO KIDD AVE. 83 PORT RICHEY FL 34668 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed hame of registered agent and title it applicable CRZE034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **PCVS** DELETE 1.1 TITLE ☐ Change Addition TITLE KATONA, DENNIS NAME 1.2 NAME 9141 STERLING LANE 1.3 STREET ADDRESS STREET ADDRESS PORT RICHEY FL 34868 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 2.1 TITLE TITLE TD KATONA, DENNIS NAME 2.2 NAME STREET ADDRESS 9141 STERLING LANE 23 STREET ADDRESS **PORT RICHEY FL 34668** CITY-ST-ZIP 2 4 CITY-ST-ZIP Addition DELETE Channe TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition 5 t TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TITL€ 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 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 ainual 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 changes, or on an attachment with an address.

4-25-98 013-843-8415