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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G26208

1. Corporation Name

ATLANTIC BICYCLE OF BROWARD, INC.

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90028 020 ***150.00



Principal Place of Business Mailing Address 6350 WEST ATLANTIC BLVD 6350 WEST ATLANTIC BLVD MARGATE FL 33063 DO NOT WRITE IN THIS SPA 3. Date Incorporated or Qualifed		
MARGATE FL 33063 MARGATE FL 33063 DO NOT WRITE IN THIS SPA		
MARGATE FL 33063 MARGATE FL 33063 DO NOT WRITE IN THIS SPA		
3 Date Incorporated or Qualifed	ACE	
3, 200 1102 9		
03/02/1983		
Principal Place of Business 2a. Mailing Address 4. FEI Number		plied For
26 59-2281128		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired		Additional
27	Fee Re	<u> </u>
City & State City & State 6. Election Campaign Financing	\$5.00	,
Trust Fund Contribution	Added t	to Fees
Zip Country Zip Country 8. This corporation owes the current year intang	gible Voc	□No
24 25 29 30 Fersonal rioperty rax.	Yes	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Age	ent	
81 Name		
GREGOIRE, MARK R 82 Street Address (P.O. Box Number is Not Acceptable)		
6350 W ATLANTIC BLVD		
MARGATE FL 33063	4	
24.64	85 Zip (Code
84 City FL 8 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 charge was authorized by the corporation's board of directors. I hereby accept the appointment of the State of Florida State of State of Florida	anging its	s registered
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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 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 eceiver 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 of the corporation with an address, with abother like empowered.

SIGNATURE: