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Feb 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H19483

(7)

1. Corporation Name  
INTERNATIONAL BICYCLE SHOP, INC.



Principal Place of Business  
% WAYNE MORITZ  
17 E. PALMETTO PARK ROAD  
BOCA RATON FL 33432  
US

Mailing Address  
11708 NW 38TH PL  
C/O LEON WEISS  
SUNRISE FL 33323-2689  
US

3. Date Incorporated or Qualified 09/05/1984	3a. Date of Last Report 02/13/1996
4. FEI Number 59-2459932	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent  
TOLAND, BRUCE JAY ESQ.  
800 BRICKELL AVE  
SUITE 11000  
MIAMI FL 33131

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PTD MORITZ, WAYNE <input type="checkbox"/> DELETE
NAME	11708 NW 38TH PL
STREET ADDRESS	SUNRISE FL
CITY - ST - ZIP	
TITLE	VSD MORITZ, ESTELLE <input type="checkbox"/> DELETE
NAME	11708 NW 38TH PL
STREET ADDRESS	SUNRISE FL
CITY - ST - ZIP	
TITLE	VD WEISS, LEON <input type="checkbox"/> DELETE
NAME	11708 NW 38TH PL
STREET ADDRESS	SUNRISE FL
CITY - ST - ZIP	
TITLE	VD MORITZ, MATTHEW <input type="checkbox"/> DELETE
NAME	11708 NW 38TH PL
STREET ADDRESS	SUNRISE FL
CITY - ST - ZIP	
TITLE	VP WEISS, MOLLIE <input type="checkbox"/> DELETE
NAME	11708 NW 38 PLACE
STREET ADDRESS	SUNRISE FL
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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: Leon Weiss, VD, Leon Weiss 2-03-97 (954)748-3828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)