**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # H33101

1. Corporation Name

NORTH AMERICAN BICYCLE CO., INC.

|   |  |                                       | _         | _      |                      |  |                   |                |
|---|--|---------------------------------------|-----------|--------|----------------------|--|-------------------|----------------|
| Principal Place of Business Mailing Address   |  |                                       |           |        |                      |  |                   |                |
| ATTN: MARC A REUSCH ATTN: MARC A REUSCH   |  |                                       |           |        |                      |  |                   |                |
| 1110 W JEFFERSON ST 1110 W JEFFERSON ST   |  |                                       |           |        |                      | DO NOT WRITE IN THIS   | SPACE             |                |
| BROOKSVILLE FL 34601-1418 BROOKSVILLE FL 34601-1418   |  |                                       |           |        |                      | 3. Date Incorporated or Qualifed   | SFACE             |                |
| US  |  | U\$                                   |           |        |                      | 12/07/1984   |                   | ļ              |
| 2. Principal Place of Business 2a. Mailing Address  |  |                                       |           |        | <del></del>          | 4. FEI Number  |                   | Applied For    |
|   | 26   |                                       |           |        |                      | 59-2523765   |                   | Not Applicable |
| Suite Ant   | Suite, Apt. #, etc. Suite, Apt. #, etc.  |                                       |           |        |                      |  |                   | Additional     |
| 22  | ¬  |                                       |           |        |                      | 5. Certificate of Status Desired   | Fee f             | Required       |
| City & State City & State   |  |                                       |           |        |                      | 6. Election Campaign Financing   | \$5.0             | 0 May Be       |
| 23  |  |                                       |           |        |                      | Trust Fund Contribution  |                   | to Fees        |
| Zip   | Country Zip Co   |                                       | Coun      | try    |                      | 8. This corporation owes the current year Int  | angible           |                |
| 24  | 25   | 29                                    | 30        |        |                      | Personal Property Tax.   | Yes               | □No            |
|   | 9. Name and Address of Curren  | t Registered Agent                    |           |        |                      | 10. Name and Address of New Registered   | Agent             | i              |
|   |  |                                       |           | 81     | Name                 |  |                   |                |
| REUSCH, MARC A  |  |                                       |           | 82     | Street Addres        | ss (P.O. Box Number is Not Acceptable)   |                   | <del></del>    |
| 1110 W JEFFERSON ST   |  |                                       |           |        |                      |  |                   |                |
| BRO   | OKSVILLE FL 34601-1418   |                                       | [-        | 83     |                      |  |                   |                |
|   |  |                                       |           | 84     | City                 |  | 85 Zip            | Code           |
|   |  |                                       | ļ         |        | •                    | <u>FL</u>  | <u>.   _   _ </u> |                |
| 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   | •  |                                       |           |        |                      |  |                   |                |
|   | Signature, typed or printed name of registered agen  | · · · · · · · · · · · · · · · · · · · |           | gent s | signature required v | when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN  | ID DIRECT         | TORS IN 12     |
| 12.   |  | D DIRECTORS                           | 13.       | _      | <del></del>          | ADDITIONS/CHANGES TO OFFICERS AF   | Change            |                |
| TITLE   |  |                                       | li i      |        |                      |  | [_] one.g.        |                |
| NAME (  | 1.00011, 110 110   |                                       | 1.2 NAA   |        |                      |  |                   |                |
| STREET ADDRESS  |  |                                       |           |        | DDRESS               |  |                   |                |
| CITY-ST-ZIP   |  |                                       | 1.4 CIT   |        | ZIP                  |  | Change            | B [ ] Addition |
| TITLE   | VD   | DELETÉ                                | 2.1 TITLE |        |                      |  |                   | - Lindandin    |
| NAME  | The state of the s |                                       | 2.2 NAM   |        |                      |  |                   | ĺ              |
| STREET ADDRESS  |  |                                       | -         |        | DDRESS               | and the state of t |                   |                |
| CITY-ST-ZIP   |  |                                       | 2.4 ติ    |        | ZIP                  |  | Change            | a D Addition   |
| TITLE   |  |                                       | 3.1 TITL  |        |                      |  | i cirang          | e              |
| NAME  |  |                                       | 3.2 NA    | WE     |                      |  |                   | ļ              |
| STREET ADDRESS  | ·  |                                       | 1         |        | DDRESS               |  |                   |                |
| CITY-ST-ZIP   |  |                                       | 3.4. CIT  |        | ZIP                  |  | Change            | e              |
| TITLE   |  | ☐ DELETE                              | 4.1 TIL   |        |                      |  | Citaliy           | a D Woolilous  |
| NAME  | · ·  |                                       | 4. 2 NA   |        |                      |  |                   |                |
| STREET ADDRESS  | <del>*</del>   |                                       | 4.3 STF   | REETA  | DDRESS .             |  |                   |                |
| CITY-ST-ZIP   |  |                                       | 4.4 CIT   |        | ZIP                  |  |                   |                |
| TITLE   |  | ☐ DELETE                              | 5.1 TITL  |        |                      |  | Chang             | e              |
| NAME  |  |                                       | 5.2 NAA   |        | . 1                  |  |                   |                |
| STREET ADDRESS  | -  |                                       |           |        | NDDRES\$             |  |                   | -              |
| CITY-ST-ZIP   |  |                                       |           | Y-ST-  | ZIP                  |  |                   |                |
| TITLE   |  |                                       | 6.1 T/TI  |        |                      |  | Chang             | e 🔛 Addition   |
| NAMÉ  |  |                                       | 6.2 NAM   |        |                      |  |                   | į.             |
| ETDEET ADDRESS  |  |                                       | 6.3 STR   | REETA  | ODRESS (             | •  |                   | ſ              |

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90132 032 \*\*\*150.00