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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name H79621 (9)

HUGHES CYCLE, INC.

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Both Substitution		Country		Country	8. This corporation has liability	for intangible tax under s 199.032,
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64 CITY-S1-ZIP 65 Onereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I furnished and does not qualify for	NAME					
14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 upon that the information indicated on this annual report or supplemental annual report to execute this report as required by Chapter 607, Florida Statutes; and that my nature is required by Chapter 607. Florida Statutes, and that my nature is required by Chapter 607 is the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607.	STREET ADDRESS					
certify that the information indicated on this annual report or supplemental annual report is true and according to the report as required by Chapter 607, Florida Statutes; and that my na cath; 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 na		and that the information a malia	d with this filing is voluntarily	the state of the state of the state of	Luality for the exemption stated in Section	119.07(3)(k), Florida Statutes, I further
eath: that I am an officer or director of the corporation of the receiver of trustee employees to exceed a first of the receiver of the corporation of the receiver of trustee employees to exceed a first of the receiver of the corporation of the receiver of trustees and officer or director of the corporation of the receiver of trustees and officer or director of the corporation of the receiver of trustees and officer or director of the corporation of the receiver of trustees and officer or director of the corporation of the receiver of trustees and officer or director of the corporation of the receiver of trustees and officer or director of the corporation of the receiver of trustees and officer or director of the corporation of the receiver of trustees and officer or director of the corporation of th	certify that	y certify that the information supplie the information indicated on this ar	nnual report or supplemental	annual report is true and a	accurate and that my signature shall have	e the same legal effect as if made under 17. Florida Statutes; and that my name
SIGNATURE: O Alm & Kusha Dr. John B Huches TR 1-12-94			poration of the receiver or the	iside empowered to exist	one that the test on tester on a firm a	• • • • • • • • • • • • • • • • • • • •
CIGNATURE! JAM B NUM/NO TV. JOHN B HUCHES IF	•		1/ de 1 -	1 . 2 1/11	shor TD 1-10	0/1
Testing Phone 2	SIGNAT	URE: MM B I	WIM TV. J.	ANN B HAG	1153 1 1 12	- 90 Daytine Shoric #