


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H79621 (9)					
1. Corporation Name HUGHES CYCLE, INC.					



Principal Place of Business 4205 METZGAR RD., S-200 FORT PIERCE FL 34947	Mailing Address 4205 METZGAR RD., S-200 FORT PIERCE FL 34947
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1986	
21		26		4. FEI Number 59-2609069	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent HUGHES, JEFFREY D. 4205 METZGAR RD., S-200 FORT PIERCE FL 34947				10. Name and Address of New Registered Agent	
81	Name John B. Hughes JR				
82	Street Address (R.D. Box Number is Not Acceptable) 4205 METZGER RD				
83					
84	City FORT PIERCE				85
	State FL				Zip Code 34947

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 *John B. Hughes Jr.* **4-15-98**
Signature typed or printed name of registered agent and the filer if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VST	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, JOHN B., JR.			1.2 NAME	John B. Hughes JR		
STREET ADDRESS	4205 METZGER RD.			1.3 STREET ADDRESS	4205 METZGER RD		
CITY-ST-ZIP	FORT PIERCE FL			1.4 CITY-ST-ZIP	FORT PIERCE FL 34947		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, MARY J.			2.2 NAME	MARY J. Hughes		
STREET ADDRESS	4205 METZGER RD.			2.3 STREET ADDRESS	4205 METZGER RD		
CITY-ST-ZIP	FORT PIERCE FL			2.4 CITY-ST-ZIP	FT PIERCE FL 34947		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, JEFFREY D.			3.2 NAME			
STREET ADDRESS	4205 METZGER RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, DEBORAH J.			4.2 NAME			
STREET ADDRESS	4205 METZGER RD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 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 I changed, or on an attachment with an address.

SIGNATURE *John B. Hughes Jr.* **John B. Hughes JR 4-15-98**

CR2E034 (10/97)