

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J05073

1. Corporation Name

AMERICAN QUANTUM CYCLES, INC.

Principal Place of Business

711-731 WASHBURN RD.
MELBOURNE FL 32934

Mailing Address

711-731 WASHBURN RD.
MELBOURNE FL 32934

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90175 027 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1986

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GUESS, ROBERT L
711-731 WASHBURN RD.
MELBOURNE FL 32934

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

P

NAME

MOSKOWITZ, NORMAN

STREET ADDRESS

4691 N. UNIVERSITY DRIVE, #365

CITY-ST-ZIP

CORAL SPRINGS FL 33067

TITLE

CEO

NAME

HAGEN, R K

STREET ADDRESS

968 YACHTMAN WAY

CITY-ST-ZIP

ANNAPOLIS MD 21403

TITLE

VPD

NAME

STARKE, J

STREET ADDRESS

988 SPRING ST, NW

CITY-ST-ZIP

PALM BAY FL 32907

TITLE

VPD

NAME

CHEAL, J

STREET ADDRESS

670 BARCELONA CT

CITY-ST-ZIP

SATELLITE BCH FL 32937

TITLE

VPD

NAME

PAIK, D

STREET ADDRESS

206 VIN ROSE CIR SE

CITY-ST-ZIP

PALM BAY FL 32909

TITLE

D

NAME

O'BRIEN, D

STREET ADDRESS

5229 HARCOURT ST

CITY-ST-ZIP

OAK FOREST IL 60452

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

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☐ Change

☐ Addition

☐ Change

☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

(407) 752-0002

CR2E034 (1/98)