


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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J34482 (6)
1. Corporation Name
CYCLE STORE, INC.

Principal Place of Business 3144 MELEVCA ST WEST PALM BEACH FL 33408 US	Mailing Address P.O. BOX 20101 W. PALM BEACH FL 33416-0101 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3144 Melaleuca Rd. Suite, Apt. #, etc. 22 City & State 23 West Palm Beach Florida Zip 24 33406 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 09/19/1986	4. FEI Number 59-1897796 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent HENDRICKSON, RALPH D., JR. 3144 MELALEUCA ST. WEST PALM BEACH FL 33408				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	
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENRICKSON, RALPH D JR.			1.2 NAME			
STREET ADDRESS	3144 MELALEUCA ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENDRICKSON, RALPH D SR			2.2 NAME			
STREET ADDRESS	7410 VENETIAL WAY			2.3 STREET ADDRESS	1713 Independence Avenue		
CITY-ST-ZIP	W. PALM BEACH FL			2.4 CITY-ST-ZIP	Melborne, FL 32940		
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENRICKSON, DIANNE			3.2 NAME			
STREET ADDRESS	3144 MELALEUCA ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENDRICKSON, PATRICIA			4.2 NAME			
STREET ADDRESS	7410 VENETIAL WAY			4.3 STREET ADDRESS	1718 Independence Avenue		
CITY-ST-ZIP	W. PALM BEACH FL			4.4 CITY-ST-ZIP	Melborne, FL 32940		
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 changed, or on an attachment with an address.

SIGNATURE: Ralph D. Hendrickson Jr. Ralph D. Hendrickson Jr 4-5-98 561-642-8732

CR2E034 (10/97)