Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90025 010 \*\*\*150.00

## 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

DOCUI 1. Corporation	MENT # J37900	•	•				
	TA BICYCLE CENTER, INC						
0/11/1/100	THE DIOTOLL OLIVICITY INC	•			1 HARANIA BIRK HIMA I HARANIA KANIN KANIN KANIN B	AN CON DUN ON DE	
Principal Place of Business Mailing Address							
4084 BEE RIDGE ROAD 4084 BEE RIDGE ROAD CARACOTA EL 24222							
SARASOTA FL 34233 SARASOTA FL 34233					DO NOT WRITE IN THIS SPACE		
	÷.				Date Incorporated or Qualifed     10/15/1986		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	- /	Applied For
21		26			65-0028876		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T T T T	Additional Required
22	**	City & State					
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current	<del></del>	10.000
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer		1001	. '	10. Name and Address of New Reg	istered Agent	
	3			81 Name			
SUTHERBY, JAMES N. 1753 SOUTH POINTE DR.				82 Street Address (P.O. Box Number is Not Acceptable)			
			L			<u> </u>	
SAK	ASOTA FL 34231			83			
			F	84 City	*	- 85 Zir	o Code
						FL bonging i	its registered
office or n	egistered agent, or both, in the State	of Florida. Such change was:	authorized	by the corpor	orporation submits this statement for the pur ation's board of directors. I hereby accept th	ne appointment as	registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fl	orida Statu	tes.			Í
SIGNATURE	Signature, typed or printed name of registered age	ant and title if annivable (NOT	F- Registered /	Agent signature reg	uired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	PT	☐ DELETE	1.1 TITI	LE		☐ Change	e
NAME	SUTHERBY, JAMES	SouthPOINTE DR. 121		ME			
STREET ADDRESS	THE PERSON NAMED IN THE PE	ש שייייים ווזו שפב פו	1.3 STF	REET ADDRESS	•		
CITY+ST-ZIP	SARASOTA FL 3423	31	_	Y-ST-ZIP			- Caddisia
TITLE	VPS	☐ DELETE	2.1 TITI	LE		Change	e
NAME	SUTHERBY, JUDITH E.	SOUTHPOINTE DR	2.2 NA	I			
STREET ADDRESS	SARAGOTA EL SAGO			REET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34231	☐ DELETE	2.4 CF	ry-ST-ZIP		☐ Change	e Addition
TITLE			3.1 III			<u> </u>	
NAME STREET ADDRESS				REET ADDRESS			
STREET ADDRESS				TY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TIT			☐ Change	e Addition
NAME			4. 2 NA	ME			
STREET ADDRESS	·		4.3 STF	REET ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TIT	LE T		☐ Chang	e
NAME			5.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			a Addision
πιε		☐ DELETE	6.1 TIT			Change	e
NAME	_		6.2 NA				{
CTDEET APPIDECE	1		■ 6.3 STI	REET ADDRESS			

CITY-ST-ZIP 14. I hereby certify that the information supplied with the 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 high proposered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS