

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

FILED
Mar 12 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 # **K09190** (5)
1. Corporation Name
BICYCLE AND FITNESS PRODUCTS OF NORTHWEST FLORIDA, INC.

Principal Place of Business % WILLIAM SCOTT FOSTER 909 MAR-WALT DR #1014 FT WALTON BEACH FL 32547-6711	Mailing Address % WILLIAM SCOTT FOSTER 909 MAR-WALT DR #1014 FT WALTON BEACH FL 32547-6711
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/28/1987	
25		30		4. FEI Number 59-2864321 Applied For <input type="checkbox"/> Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		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	

9. Name and Address of Current Registered Agent FOSTER, WILLIAM SCOTT 909 MAR-WALT DR SUITE 1014 FT WALTON BEACH FL 32548		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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> ATCHLEY, DWIGHT L.	1.2 NAME	
STREET ADDRESS	<input type="checkbox"/> 415 G MARY ESTHER CUTOFF	1.3 STREET ADDRESS	431 Bryn Athyn Blvd.
CITY-ST-ZIP	<input type="checkbox"/> FT WALTON BCH FL	1.4 CITY-ST-ZIP	Mary Esther, FL 32569
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> ATCHLEY, CAROL P.	2.2 NAME	
STREET ADDRESS	<input type="checkbox"/> 415 G MARY ESTHER CUTOFF	2.3 STREET ADDRESS	431 Bryn Athyn Blvd.
CITY-ST-ZIP	<input type="checkbox"/> FT WALTON BCH FL	2.4 CITY-ST-ZIP	Mary Esther, FL 32569
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/>	3.2 NAME	
STREET ADDRESS	<input type="checkbox"/>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/>	4.2 NAME	
STREET ADDRESS	<input type="checkbox"/>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/>	5.2 NAME	
STREET ADDRESS	<input type="checkbox"/>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/>	6.2 NAME	
STREET ADDRESS	<input type="checkbox"/>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/>	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:

Carol P. Atchley

3/5/98

850-243-5856

CR2E034 (10/97)