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PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L49396

(9)

FIRST CITY CYCLES, INC.

FILED Apr 29 1997 8:00am Secretary of State

| 20 STATE RODO 8 ST. AUQUSTINE FL 32095-2013 2 Principal Place of Business | | | | | | | | | | | |
|--|---|---|------------------------------|---------------------|----------|---------------------|---|--|----------------|---------------|-----|
| St. AUGUSTINE FL. 2005-2013 St. Augustine FL. 2005-2014 St. Augustine FL. 2005-2015 St. | Principal Place of Business Mailing Address | | | | | | # INDIVIDIO BUT DEDEN UNION HOUND FORM | IIII OPDEL DIDEL | OFOUR DIRECTOR | | |
| 2. Principal Place of Business 2s. Mailing Androes 2s. Suite, Apt if, etc 2s. Suite, Apt | | | | | | | | | | | |
| Sulfa, Apt. #, efc. | | | | | | | 01/31/1990 | | | eport | |
| Suite, Apt #, etc. 27 27 City & State 28 29 20 City & State 29 20 20 20 20 20 20 20 20 20 20 20 20 20 | 2. Principal Pl | lace of Business | 2a, Mailing Ad | 2a. Mailing Address | | | | | A | oplied For |] |
| 22 | | | | | | | 59-3012974 | | | | 4 |
| 28 | 22 | | 27 | 27 | | | 5. Certificate of Status Desired | X | | | |
| 29 | 23 | | | | | | , , , | | | | |
| TORREGROSA, JOSE F. 3835 GAINES RD. ST. AUGUSTINE FL 32084-4997 11. Pursuant to the provisions of Sections 607.05.02 and 607.35.68 Elorida Stelutos. the above asmood corporation submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Frontia. Such change was authorized by the corporation's board of directors. I hereby accept the physician of Sections 607.05.05, Fiorida Statuto's. SIGNATURE Signature ignate in international state in the state of Frontia. Such change was authorized by the corporation's board of directors. I hereby accept the physician as registered agent. I am familiar with, and accept the obligations of, Section 607.05.06, Fiorida Statuto's. SIGNATURE Signature ignate in international state in the state in a state in the state in the state in a state in the state of the physician accept the obligations of, Section 607.05.06, Fiorida Statuto's. SIGNATURE DITTLE DITTLE DITTLE 1.1 in it DITTLE DITTLE | | · | F | ` | | | · · · · · · · · · · · · · · · · · · · | | | | |
| STANDERS OF THE PROPERTY OF TH | | 9. Name and Address of Curre | nt Registered Agen | | | | 10. Name and Address of New | Registered | Agent | | |
| S835 GAINES RD. \$1. AUGUSTINE FL 32084-4997 82 Stroct Address (P.O. Box Number is Not Acceptable) 83 Stroct Address (P.O. Box Number is Not Acceptable) 84 City | TORREGROSA, JOSE F. | | | | | Name | | | | | Ì |
| Signature Sign | 3635 GAINES RD. | | | | | Street Addr | ess (P.O. Box Number is Not Accept | ss (P.O. Box Number is Not Acceptable) | | | - |
| 11. Pursuant to the provisions of Socions (07:05/02) and (07:15/08. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered of control of registered agent. I am familiar with, and accept the obligations of, Socion 607:0505, Florida Statutos. 12. | 91. / | MOGOSTINE FL 32004-4337 | | | 83 | 1 | | | | | 1 |
| The provision of Socions 607 0502 and 607 1508 Florida Statutos, the above named corporation submits this statement for the purpose of changing its registered edgent. I am familiar with, and accept the obligations of, Socion 607 0505, Florida Statutos. SIGNATURE | | | | | 84 | City | | C I | 85 Zip | Code | |
| Agent am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | 11. Pursuant t | to the provisions of Sections 607 050 | 02 and 607 1508. Flo | rida Statutes, the | abov | re-named corr | noration submits this statement for the | | | ls registered | 4 |
| SIGNATURE | office or re | egistered agent, or both, in the State | of Florida, Such cha | ange was authori | zed b | y the corporat | ion's board of directors. I hereby acc | ept the app | pointment as | registered | |
| Stpribute tyrick or joined times of ego Strond agreed and tiles of agriculture (AOITE Projections of Applications) | · · | artificati with, and accept the oblig | ganons or, dection so | 7.0000, Florida C | idioio | J | | | | | 1 |
| TITLE | SIGNATURE | Signature, typed or printed name of registered ag | ent and title if applicable. | (NOTE: Regist | ored Ag | ent signature requi | ed when reinstating) | DATE | | · | |
| MAME TORREGROSA, JOSE F. 1.2 NAME 3835 GAINES RD. 1.3 STREET ADDRESS | | | | | 3. | | ADDITIONS/CHANGES TO OF | ICERS AN | | | ၂် |
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I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report is great 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 of the regiver 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 cytangen or an attachment with an address.