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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L50140

(7)

AMERICAN CYCLE, INC.

CITY - ST - ZIP

Principal Place of Business Mailing Address 5851 NORTHEAST 7TH AVENUE 4033 NE 10TH AVE FORT LAUDERDALE FL 33334-3535 OAKLAND PARK FL 33334 3. Date Incorporated or Qualified 3a. Date of Last Report 02/09/1990 04/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0249289 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23  $Z_{1D}$ Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032 30 Yes No 24 25 29 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 FORESHA, WILLIAM E. 5851 NE 7TH AVE. Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33334 83 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: Typed or profited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13, DELETE Change Addition TITLE n 1.1 TITLE FORESHA, WILLIAM E. NAME 1.2 NAME **CR2E034** 5851 NE 7TH AVE. STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY - ST - ZIP CITY-ST DELETE Change Addition TITLE 21 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE \_\_ Addition 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

TAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

6.4 CITY - S1 - ZIP

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 13 or Block 13 if changed, or on an artischment with an address.