

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

96 AUG 28 AM 9: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L95497** (8)

1. Corporation Name

WORLD OF CYCLES, INC.



Principal Place of Business

Mailing Address

**1945 N.E. 163RD STREET
NORTH MIAMI BEACH FL 33162**

**1945 N.E. 163RD STREET
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified
08/01/1990

3a. Date of Last Report
10/02/1995

4. FEI Number
65-0230560

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MADDEN, DAVID M.
1945 NE 163 ST.
NORTH MIAMI BEACH FL 33162**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if not the corporation

Signature typed or printed name of registered agent, if not the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PVD**
STREET ADDRESS **MADDEN, DAVE M**
CITY - ST - ZIP **1945 NE 163 ST.
NORTH MIAMI BEACH FL 33162**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3. TITLE
3. NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4. TITLE
4. NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5. TITLE
5. NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6. TITLE
6. NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 this corporation or its authorized or trusted 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 added, with my current address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/96

305-956-3864

CR2E034 (12/95)