FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 3:52

DOCUMENT # **M19557** **(1)**

1. Corporation Name
ACTION CYCLES OF HOMESTEAD, INC.

Principal Place of Business	Mailing Address
28901 SOUTHWEST 137TH AVENUE HOMESTEAD FL 33033-3103	28901 SOUTHWEST 137TH AVENUE HOMESTEAD FL 33033-3103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/19/1985**
3a. Date of Last Report: **01/21/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-2564703** ☐ 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

POLSKY, ROBERT L.F.
407 LINCOLN ROAD
STE.9G
MIAMI BEACH FL 33139

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

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 required if registered agent is changing) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
121 TITLE	PTD	131 TITLE	PTD	☒ Change ☐ Addition
122 NAME	LUMADUE, BOYD	132 NAME	LUMADUE, BOYD	
123 STREET ADDRESS	28600 SW 132 AVE. #49B	133 STREET ADDRESS	28901 SW 137 AVE	
124 CITY-ST-ZIP	HOMESTEAD FL	134 CITY-ST-ZIP	HOMESTEAD, FL 33033	
125 TITLE	VSD	135 TITLE	VSD	☒ Change ☐ Addition
126 NAME	LAFRANCE, STEPHEN	136 NAME	LAFRANCE, STEPHEN	
127 STREET ADDRESS	28600 SW 132 AVE. #61B	137 STREET ADDRESS	28901 SW 137 AVE	
128 CITY-ST-ZIP	HOMESTEAD FL	138 CITY-ST-ZIP	HOMESTEAD, FL 33033	
129 TITLE		139 TITLE		☐ Change ☐ Addition
130 NAME		140 NAME		
131 STREET ADDRESS		141 STREET ADDRESS		
132 CITY-ST-ZIP		142 CITY-ST-ZIP		
133 TITLE		143 TITLE		☐ Change ☐ Addition
134 NAME		144 NAME		
135 STREET ADDRESS		145 STREET ADDRESS		
136 CITY-ST-ZIP		146 CITY-ST-ZIP		
137 TITLE		147 TITLE		☐ Change ☐ Addition
138 NAME		148 NAME		
139 STREET ADDRESS		149 STREET ADDRESS		
140 CITY-ST-ZIP		150 CITY-ST-ZIP		
141 TITLE		151 TITLE		☐ Change ☐ Addition
142 NAME		152 NAME		
143 STREET ADDRESS		153 STREET ADDRESS		
144 CITY-ST-ZIP		154 CITY-ST-ZIP		
145 TITLE		155 TITLE		☐ Change ☐ Addition
146 NAME		156 NAME		
147 STREET ADDRESS		157 STREET ADDRESS		
148 CITY-ST-ZIP		158 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)(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 above, or on an attachment with an address.

SIGNATURE: Stephen Lafrance STEPHEN LAFRANCE 1/11/95 305-247-2453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0117874 CP