

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

FILED

Apr 22 1997 8:00am  
Secretary of State



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

PROFIT CORPORATION  
ANNUAL REPORT  
1997

DOCUMENT # **M94678** (3)  
1. Corporation Name  
**CENTRAL FLORIDA CYCLE & SKI, INC.**



Principal Place of Business  
**562 S. HWY. 427  
LONGWOOD FL 32750  
US**

Mailing Address  
**562 S. HWY. 427  
LONGWOOD FL 32750-5411  
US**

3. Date Incorporated or Qualified  
**08/17/1988**

3a. Date of Last Report  
**06/24/1996**

2. Principal Place of Business  
21 **245 N Hwy 17-92**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Longwood FL**  
Zip Country  
24 **32750** 25 **US**

2a. Mailing Address  
26 **245 N Hwy 17-92**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Longwood FL**  
Zip Country  
29 **32750** 30 **US**

4. FEI Number  
**59-2133243**

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  
**WEARN, KENNETH J.  
1252 S HWY 427  
LONGWOOD FL 32750**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
DP	WEARN, KENNETH J.	522 JUPITER WAY	CASSELBERRY FL	<input type="checkbox"/>
DST	DANGLEMAN, STEPHEN C.	322 MARJORIE DR.	LONGWOOD FL	<input type="checkbox"/>
DVP	Gordon A. Erd	124 Lake Breeze circle	Lake Mary, FL 32746	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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. 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: Kenneth J. Wearn SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/16/97 Daytime Phone #: 407-331-1411

CR2E034 (9/96)