FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 03 1998 8:00am Secretary of State

DOCUMENT # N9300002444 (8)								
CIVIL BICYCLE PATROL, INC.) 	Vi ar ion (1 0 1) a inti	0:311 T101 13T1	
Principal Place of Business Mailing Address								
5767 CURRY FORD RD 5765 CRANE PLACE						3. Date Incorporated or Qualified		
ORLANDO FL 32807 ORLANDO FL 32807						05/24/1993		
					İ	4. FEI Number 59-3196444		opplied For lot Applicable
2. Principal Place of Business 2a. Mailing Address						5. Certificate of Status Desired	\$8.75	Additional
21 5765 CRANE PL. 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			·			6. Election Campaign Financing		Reguired May Be
22	···	27				Trust Fund Contribution	Added 1	
City & Stat	LANDO, FL	City & State	City & State			7. Is this nonprofit corporation a homeow Yes	ners association 🔀 No	on?
Zip 3 2	807 Country ORANGE	Zip 29	Countr 30	У		This corporation owes or has paid the Personal Property Tax due June 30.		ntangible No
24 4	9. Name and Address of Current	(==1	1301			10. Name and Address of New Registere		
			8	Name				
APPLETON, MICHAEL J 1031 W. MORSE BV. SUITE 105			82	Street /	Addres	ss (P.O. Box Number is Not Acceptable)		
WINTER PARK FL 32789			83	3				
			84	City			85 Zip	Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the				/e-named	corpor	ration submits this statement for the nurnose	of changing i	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 617.0503, Florida Statutes.								
SIGNATURE		d No. 16 and and a second				when reinstating) DATE		
12.				ent signature	requirea	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TITLE	ED DELETE		1.1 TITLE	1.1 TITLE			Change	☐ Addition
NAME	HILL, RONALD E		1.2 NAME	1.2 NAME				
STREET ADDRESS	5765 CRANE PLACE		1.3 STREE	1.3 STREET ADDRESS				
CJTY-ST-ZIP	ORLANDO FL			1.4 CITY - ST - ZIP				
TITLE	D	☐ DELETE	2.1 TITLE	ĺ			LI Change	☐ Addition
NAME	HILL, SHARON A			2.2 NAME				
STREET ADDRESS	5765 CRANE PLACE ORLANDO FL			2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	D DELETE			2. 4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
NAME	APPLETON, MICHAEL J			3.2 NAME				
STREET ADORESS	I was an amount of the same and			3.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		3.4. CITY -	1				
TITLE	D DELETE		4.1 TITLE				Change	Addition
NAME	GAUNTLETT, PETER S		4. 2 NAME	:				
STREET ADDRESS	100 S HUGHEY AVE		4.3 STREE	4.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-	4.4 CITY-ST-ZIP				
TITLE		DELETE		5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS	ESS		. I	5.3 STREET ADDRESS				
CITY-SI-ZIP	DELETE		_	5.4 CITY-ST-ZIP			Change	Addition
TITLE NAME		T WELEY	6.1 TITLE 6.2 NAME	-			ட பின்றி	
STREET ADDRESS			1	T ADDRESS				
CITY-ST-ZIP			6.4 CITY -					
3111-01-215		· · · · · · · · · · · · · · · · · · ·	5.7 Oil 1 -					

r necess below that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: