FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996

N9400002470 (2)

DOCUMENT # N940000

1. Corporation Name

BIG WHEELERS BICYCLE CLUB, INC.

Principal Place of Business Mailing Address							- -		1 IU DAINEN EIU 1847 UARIN DURIN ERINN 	 		18811 8811 1881
13	727 S.W. 15	2 STREET		13727 S.W.	13727 S.W. 152 STREET							
SUITE 288				SUITE 288								
MIAMI FL 33177 US				US US	MIAMI FL 33177 US				3. Date Incorporated or Qualified 05/13/1994	orporated or Qualified 3a, Date of Last Report 03/13/1995		
2. Principal Place of Business				20 Mailing A	2a, Mailing Address						polied For	
21	¬ '			26				NOT APPLICABLE			lot Applicable	
	Suite, Apt. #, etc.			Suite, Ap	Suite, Apt #, etc.			·	Certificate of Status Desired	\$	8.75	Additional
22				27				5. Our model of otalias bosing			Required	
	City & State			— i	City & Stale				Election Campaign Financing Trust Fund Contribution		*	May Be
23	Zip Country				Zip Country				Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
24	25		29	30				Florida Statutes				
		9. Name i	and Address of Co	urrent Registered Age	ent				10. Name and Address of New Ro	egistered Age	nt	
	^^~					81	Name	9				
SCOTT, GAIL				l			t Addres	Address (P.O. Box Number is Not Acceptable)				
13727 S.W. 152 STREET SUITE 288						83	 					
	MIAMI FL						L					
	1110 0711 1 6	55111				84	City			FL I	5 Zip	Code
11	Pursuant to	the provisio	ns of Sections 617.	.0502 and 617.1508, FI	orida Statutes	, the above	named c	corporat	ion submits this statement for the purp	oose of changi	ng its re	egistered office
	or registere familiar with	ed agent, or t i, and agusp	ooth, in the State of the obligations of,	Florida Such change v Section 617.0502, Flor	vas autnorized ida Statutes.	a by the corp	oration :	s board	of directors. I hereby accept the appo	anument as reg	Stereo	agent. i am
SIC	SNATURE: .		10 7	-620//	S3#/				<u> </u>	13/96		
	Signature, typed or printed name of registered agent and site if applicable (NO 12. OFFICERS AND DIRECTORS					 Registered Agent signature required 13. 			then reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DI	RECTO	BS IN 12
Till		DP	OFFICER		DELETE	11 TITLE		Τ	ACOMONO ON PROCESS TO OTHER		hange	Addition
NAN		SCOTT,	GAIL			12 NAME						_
STR	FT ADDRESS 13727 S.W. 152 STREET SUN		SUNTE 288	138		1 3 STREET ADDRESS						
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	EET ADDRESS Y-S1-ZIP	MIAMI FI				2 4 CITY		MI	AMI, FL 33/83			
TITL		DS			<u> </u>		3 1 TITLE		711 (ly 1 = 1)27 bt=		hange	Addition
NA5	AE	RUPERT,	Barbara			3 2 NAME						
SIH	EET ADDRESS		.W. 107 TER.			3 3 STREE	I ADDRESS	3				
	(-SI ZIP MIAMI FL			F-1		ST-ZIP	↓		·	hanc -	C taken	
1171	1	DT Shelton, roy		L.	□ DELETE 4.11						hange	Addition
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į.	EET ADDRESS y - ST - ZIP	MIAMI FI				4.3 STHE		`				
Titi)DELETE	5 1 TITLE	31- 511	 			hange	☐ Addition
NAF	ł					5.2 NAME						
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CIT	Y - ST - ZIP					5 4 CITY	ST-ZIP					
Titl]DELETE	6 1 TITLE					hange	Addition Addition
NA!						6.2 NAME		1				
1	MEET ADDRÉSS Y-SI ZIP						T ADDRESS	s				

certify that I am an officer or director of the corporation or 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:

SIGNATURE AND TYPED O'S PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/96

Daytime Phone #