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

PROFIT CORPORATION ANNUAL REPORT



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

P92000012384 (3)

DC CYCLES, INC.

## FILED Mar 19 1997 8:00am Secretary of State

| Principal Place of Business Mailing Address |                                                                                   |                                                                         |                            |                    |                                                                                         |                           |                    |
|---------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------|--------------------|-----------------------------------------------------------------------------------------|---------------------------|--------------------|
| 244 S. WOOD<br>DELAND FL 3                  |                                                                                   | 244 S. WOODLAND BLVD.<br>DELAND FL 32720-5414                           |                            |                    |                                                                                         |                           |                    |
|                                             |                                                                                   |                                                                         |                            |                    | 3. Date Incorporated or Qualified 12/16/1992                                            | 3a. Date of Last F        | Report             |
| 2. Principal F                              | 2a. Mailing Address                                                               |                                                                         |                            | 4. FEI Number      |                                                                                         | pplied For                |                    |
| 21                                          |                                                                                   | 26                                                                      |                            |                    | 59-3152184                                                                              | N                         | ot Applicable      |
| Suite, Apt.                                 |                                                                                   | Suite, Apt. #, etc.                                                     |                            |                    | 5. Certificate of Status Desired                                                        |                           | Additional equired |
| City & State                                |                                                                                   | City & State                                                            | ·                          |                    | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees      |                           |                    |
| Zip                                         |                                                                                   |                                                                         | Country                    |                    | 8. This corporation has liability for intangible tax under s. 199 032,                  |                           |                    |
| 24                                          | 25 29 30                                                                          |                                                                         | 0]                         |                    | Florida Statutes Yes No                                                                 |                           |                    |
|                                             | 9, Name and Address of Curre                                                      | nt Registered Agent                                                     |                            | .1 -7.:            | 10. Name and Address of New Re                                                          | egistered Agent           |                    |
|                                             | SKEY, DAVID                                                                       |                                                                         | 81                         | Name               |                                                                                         |                           |                    |
|                                             | S. WOODLAND BLVD.                                                                 |                                                                         | 82                         | Street A           | Street Address (P.O. Box Number is Not Acceptable)                                      |                           |                    |
| j DEL                                       | AND FL 32720                                                                      |                                                                         | 83                         |                    |                                                                                         |                           |                    |
| 1                                           |                                                                                   |                                                                         |                            |                    |                                                                                         |                           |                    |
| i                                           |                                                                                   |                                                                         | 84                         | City               |                                                                                         | FL 85 Zip                 | Code               |
| 11. Pursuant                                | to the provisions of Sections 607.05                                              | 02 and 607.1508, Florida Statutes                                       | , the abov                 | /e-named i         | corporation submits this statement for the poration's board of directors. I hereby acce | purpose of changing i     | Is registered      |
| agent. I a                                  | registered agent, or both, in the State<br>am familiar with, and accept the oblig | e of Florida. Such change was au<br>jations of, Section 607.0505, Flori | thorized b<br>da Statute   | ly the corp<br>is: | oration's board of directors. I hereby acce                                             | pt the appointment as     | registered         |
| SIGNATURE                                   |                                                                                   |                                                                         |                            |                    |                                                                                         |                           |                    |
| 12.                                         | Signature, typed or printed name of registered ag                                 | perk and Micot applicable (NOTE)  NO DIRECTORS                          |                            | jent signature i   | required which reinstating)                                                             | ()AI(                     | <del></del>        |
| TITLE                                       | p Orricens An                                                                     | DETETE                                                                  | 13.                        |                    | ADDITIONS/CHANGES TO OFFI                                                               | CEHS AND DIRECTOR         | Addition 8         |
| NAME                                        | CASKEY, DAVID                                                                     | <b>L</b> -2                                                             | 1.2 NAME                   |                    |                                                                                         | C ounds                   |                    |
| STREET ADDRESS                              |                                                                                   |                                                                         |                            | 1 ADDRESS          |                                                                                         |                           | 8                  |
| CITY-ST-ZIP                                 | DELAND FL                                                                         |                                                                         | 14 CHY-                    | S1 - 71P           |                                                                                         |                           | 100                |
| TITLE                                       | DT                                                                                | DELETE                                                                  | 211048                     |                    |                                                                                         | Change                    | Addition C         |
| NAME                                        | CASKY, VICTORIA                                                                   |                                                                         | 2.2 NAME                   |                    |                                                                                         |                           |                    |
| STREET ADDRESS                              | 1010 CAMPHOR LANE                                                                 |                                                                         | 2 3 STREE                  | T ADDRESS          |                                                                                         |                           |                    |
| CITY-ST-ZIP                                 | DELAND FL                                                                         | T DELETE                                                                | 2.4 CHY-                   | S1 - ZIP           |                                                                                         |                           |                    |
| TITLE                                       |                                                                                   |                                                                         | 3.1 11116                  |                    |                                                                                         | ☐ Change                  | Addition           |
| NAME<br>STREET ADDRESS                      |                                                                                   |                                                                         | 3.2 NAME                   | 1 thomses          |                                                                                         |                           |                    |
| CITY-ST-ZIP                                 |                                                                                   |                                                                         | 3.4 CITY-                  | 1 ADORESS          |                                                                                         |                           |                    |
| TITLE                                       | · · · · · · · · · · · · · · · · · · ·                                             | DELETE                                                                  |                            |                    |                                                                                         | ☐ Change                  | Addition           |
| NAME                                        |                                                                                   | <del>_</del> -                                                          | 4. 2 NAME                  |                    | •                                                                                       |                           |                    |
| STREET ADDRESS                              |                                                                                   |                                                                         | 4.3 STREE                  | ADDRESS            |                                                                                         |                           |                    |
| CITY-ST-ZIP                                 |                                                                                   |                                                                         | 4.4 CBY-                   | ST - 7IP           | •                                                                                       |                           |                    |
| TITLE                                       |                                                                                   | ☐ DELETE.                                                               | 5 1 111LE                  |                    |                                                                                         | Change                    | Addition           |
| NAME                                        |                                                                                   |                                                                         | 52 NAME                    |                    |                                                                                         |                           |                    |
| STREET ADDRESS                              |                                                                                   |                                                                         | 5.3 STREE                  | ADDRESS            |                                                                                         |                           |                    |
| CITY-ST-ZIP                                 |                                                                                   | Petrose                                                                 | 5.4 CITY - S               | SI - ZIP           |                                                                                         |                           |                    |
| TITLE                                       |                                                                                   | □. DELETE                                                               | 61711116                   |                    |                                                                                         | L Change                  | Addition           |
| NAME                                        |                                                                                   |                                                                         | 6.2 NAME                   |                    |                                                                                         |                           |                    |
| STREET ADDRESS                              |                                                                                   |                                                                         | i e                        | ADDRESS            |                                                                                         |                           |                    |
| City-st-zip<br>14. I do hereb               | ov certify that the information supplie                                           | d with this filing does not qualify t                                   | 6.4 CITY - S<br>or the exe |                    | aled in Section 119.07(3)(i). Florida Statute                                           | se I further certify that | H <sub>1</sub> O   |

4. 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 is supplemental annual report in 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 is supplemental annual report in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.