FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

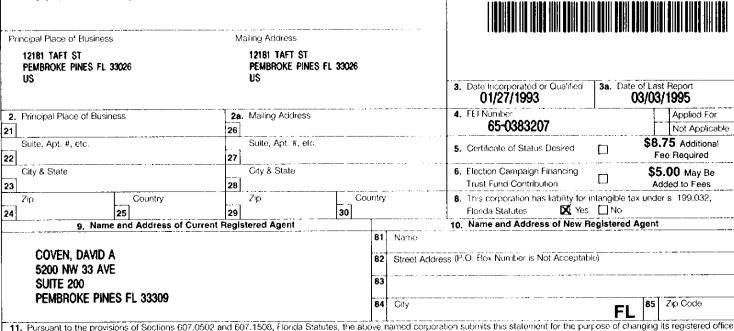
Secretary of State DIVISION OF CORPORATIONS

1996

P93000006553 (0)

DOCUMENT # Corporation Name

J.D.C. BICYCLES, INC.



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. Thereby accept the appointment as registered agent. I am

12.	Signature, typied or printed mark of registered agent and trife it applitudity OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TUFLE	D	DELETE	1 TITLE		☐ Change	Add tio
NAME	LEVINE, DAVID G		1.2 NAME			
STREET ADDRESS	12181 TAFT ST		1.3 STREET ADDRESS			
COY-ST-ZIP	PEMBROKE PINES FL		1 4 C/TY - ST - ZIP			
TILLE		DELETE	2 1 THILE		Change	Additio
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-7IP			2.4 CITY - S1 - ZIP			
11TLF		[]] DOLETE	3 1 TITLE		☐ Change	☐ Additio
NAME			3.2 NAME			
STHEFT ADDRESS			3.3 STREET ADDRESS			
CITY-ST-7IP			3 4 CHTY - ST - ZH1			
TITLE		DELETE	4. 1 TITLE		☐ Change	c tibbA 🔲
NAME			4.2 NAME			
STREE! ADDRESS			4.3 STREET ADDRESS			
CHTY-ST-7IP			4 4 CITY - S1 - ZIP			
THILE		DELETE	5 1 THLE		☐ Change	☐ Additio
NAME.			5.2 NAME			
STREET ADORESS			5 3 STREET ADDRESS			
CITY - S1 - ZIP			5 4 CITY - ST - ZIP			
TILE		DELETE	6 1 THILE		Change	Additio
NAME			6.2 NAME			
STHEET ADDRESS	K.		6.3 STREET ADDRESS			
CHY-ST-ZIP	//	1 /	6.4.C-1Y+S1+7-P			

Tue negety certify that the information supplied with this light is voluntarily turnished and does not quality for the exemption stated in obstant. (18.07 (g)in), notice stated in the information indicated on this are usal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if hade under oath; that I am an officer or director of the contration of 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, of the analysis and that my name address. oath; that I am an officer or director of the constration appears in Block 12 or Block 13 if changed, officin an

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 478-8355