
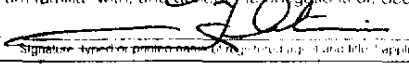
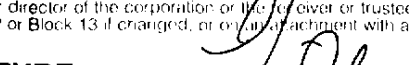


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000023331 1. Corporation Name PALM BEACH CYCLES, INC.			
Principal Place of Business 10050 LEXINGTON CIR N. BOYNTON BEACH, FLORIDA 33436		Mailing Address SAME	
2. Principal Place of Business 21 10050 LEXINGTON CIR N. Suite, Apt. #, etc. 22		2a. Mailing Address 26 10050 LEXINGTON CIR N. Suite, Apt. #, etc. 27	
23 City & State BOYNTON BEACH, FL.		28 City & State BOYNTON BEACH, FL.	
24 Zip 33436		25 Country U.S.	
29 Zip 33436		30 Country U.S.	
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified 3-26-93			
4. FEI Number 65-0402544			
Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LARRY FINKELSTEIN 10050 LEXINGTON CIR. N. BOYNTON BEACH, FL. 33436		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 provisions of, Section 607.0505, Florida Statutes.			
SIGNATURE 		DATE 3-7-98	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT		1.1 TITLE	
NAME LARRY FINKELSTEIN		1.2 NAME	
STREET ADDRESS 10050 LEXINGTON CIR N.		1.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH, FL. 33436		1.4 CITY-ST-ZIP	
2.1 TITLE		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
3.1 TITLE		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4.1 TITLE		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
6.1 TITLE		6.2 NAME	
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
14. I 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 any attachment with an address.		500002460765 -03/18/98--01036--027 ***150.00	
SIGNATURE: 		DATE 3-7-98	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (10/97)