FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000035764 (8)**

1. Corporation Name

BIKE STICK INC.

Principal Place of Business

4210 NW 26TH CT
BOCA RATON FL 33434

Mailing Address

4210 NW 26TH CT
BOCA RATON FL 33434

3. Date Incorporated or Qualified: **05/18/1993**

3a. Date of Last Report: **03/27/1995**

4. FEI Number: **65-0414780** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation is subject to interstate tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

OTIS-SKLAR, SHEILA
4210 NW 26TH CT
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name: LYLE SKLAR
82 Street Address (P.O. Box Number is Not Acceptable): 4410 NW 26 CT.
83
84 City: BOCA RATON FL FL 85 Zip Code: 33434

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: + _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE D
NAME OTIS-SKLAR, SHEILA
STREET ADDRESS 4210 NW 26TH CT
CITY-ST-ZIP BOCA RATON FL 33434

[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

[ ] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY-ST-ZIP

LYLE SKLAR
4410 NW 26 CT.
BOCA RATON FL 33434

[ ] Change [X] Addition

2 TITLE
3 NAME
4 STREET ADDRESS
5 CITY-ST-ZIP

[ ] Change [ ] Addition

6 TITLE
7 NAME
8 STREET ADDRESS
9 CITY-ST-ZIP

[ ] Change [ ] Addition

10 TITLE
11 NAME
12 STREET ADDRESS
13 CITY-ST-ZIP

[ ] Change [ ] Addition

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY-ST-ZIP

[ ] Change [ ] Addition

18 TITLE
19 NAME
20 STREET ADDRESS
21 CITY-ST-ZIP

[ ] Change [ ] Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate, subject to the penalties imposed by Section 817.155, 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 an attachment with an address.

SIGNATURE: + _____ 4/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE