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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P93000066142 (9) DOCUMENT #

MAC'S BIKE SHOP OF ST. LUCIE WEST. INC.

Principal Place of Business Mailing Address 3472 N.W. SAVANNA RD. JENSEN BEACH FL 34957 1325 N.W. ST. LUCIE WEST BLVD.

FILED Jan 29 1998 8:00am Secretary of State



US	NE FE 34300	BEHOLM BEROTT E 04001				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 09/22/1993	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For
21	26					65-0439540	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 Additional
22						6. Certificate of otatas besided	Fee Required
City & State City & State						6. Election Campaign Financing	\$5.00 May Be
23	28					Trust Fund Contribution	Added to Fees
Zip	Country	Zip		ountry	1	8. This corporation owes or has paid the cu	
24	25	29	30	1		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
	9. Name and Address of Curre	int Registered Agent		81	Name	10. Name and Address of New Registered	Agent
GORMAN, MADELON				of Name			
4383 N SKYLINE DR JENS E N BEACH FL 34957				82	82 Street Address (P.O. Box Number is Not Acceptable)		
				-			
				83			
				84	City	FI	85 Zip Code
Developed Continue Continue CO COO and CO 1500. Elected Platities the above comed correction 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	Signature, typed or printed name of registered as					ried when reinstating) DATE	
12,	•	ND DIRECTORS	13		an a grianore rodo	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	DP OTTOCKS 7.	DELETE		TITLE			Change Addition
NAME	GORMAN, MADELON	_	1	NAME			
STREET ADDRESS	4383 NE SAVANNA RD				ADDRESS		
i i	JENSEN BEACH FL						
CITY-ST-ZIP TITLE	VSID DELETE		_	1.4 CITY-ST-ZIP 2.1 TITLE			Change Addition
NAME	GORMAN, ROBERT E			2.2 NAME			
STREET ADDRESS	3472 N.E. SAVANNA RD.			2.3 STREET ADDRESS			
i i	JENSEN BEACH FL				S1-ZIP		
CITY-ST-ZIP TITLE		DELETE		TITLE	O		Change Addition
NAME		<u></u>		NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				. CITY-S			
TITLE		DELETE		TITLE	JI LH		Change Addition
NAME	ے مدار		L	4. 2 NAME			
					ADDRESS		
STREET ADDRESS							
CITY-ST-ZIP TITLE	DELETE			4.4 CITY - ST - ZIP 5.1 TITLE			Change Addition
NAME		L. Joetere		NAME			
					ADDRESS		
STREET ADDRESS							
CITY-ST-ZIP		DELETE		CITY - S	51 · £11′		Change Addition
TITLE				NAME			
NAME					ADDRESS		
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			6.4	CITY-S	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 trusted 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. los