

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

FILED  
Mar 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000010124 (3)

1. Corporation Name  
CYCLE RYDER, INC.



Principal Place of Business  
14996 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32413

Mailing Address  
14932 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32413-3548

3. Date Incorporated or Qualified 01/31/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3224936	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 159 Boca Lagoon Dr.
22 City & State	27
23 Zip	28 Panama City Beach FL
24 Country	29 32408
25	30 USA

9. Name and Address of Current Registered Agent

HESS, BRIAN D  
9108 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32417

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOF, NORA	1.2 NAME	
STREET ADDRESS	159 BOCA LAGOON DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOF, NORA	2.2 NAME	
STREET ADDRESS	159 BOCA LAGOON DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	2.4 CITY-ST-ZIP	
TITLE	T/S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOF, NORA	3.2 NAME	
STREET ADDRESS	159 BOCA LAGOON DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOF, RICK	4.2 NAME	
STREET ADDRESS	159 BOCA LAGOON DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOF, RICK	5.2 NAME	
STREET ADDRESS	159 BOCA LAGOON DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 13 if changed, or on an attachment with an address

SIGNATURE:

*Handwritten signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/97 (904) 233-1391  
Date Daytime Phone