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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Jan 15 1998 8:00am

}	1998	DIVISION OF CO	ORPORATIONS	Secretary of	f State
DOCUMENT # P94000012434 (4) OCEANWALK CYCLES, INC.					
UGEAN	IWALK CYCLES, INC.			# 1881/881 SIN 1861/ 848/ 88/1/ 88/1/ 88/1/ 88/1/	HER BIRE HIN BIST INDI
Principal Plac		Mailing Address		1 10E11001 (10 (0111 0101; 0101) 2011(0111 2111(1131)	lifete araan titti Ett tant
840 ST N OF DAYTONA BO		358 S. BEACH ST. ORMOND BCH FL 32174	•		
us us				DO NOT WRITE IN THIS SI	PACE
				3. Date Incorporated or Qualified 02/15/1994	Ì
	face of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For
21	2 -1-	26		59-3224793	Not Applicable
Suite, Apt.	₩, etC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	Zip 29	30	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes 🔲 No
	g. Name and Address of Curre			10. Name and Address of New Registered A	
	EENE, JOHN R		81 Name		·
358 S. BEACH ST.			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
. Un	MOND BEACH FL 32174		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 obligations of, Section 607.0505, Florida Statutes.					
	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE NAME	GREENE, JOHN R	☐ DELETE	1.1 TITLE	Ĺ	Change Addition
STREET ADDRESS	358 S. BEACH ST		1.2 NAME 1,3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VP	DELETE	2.1 TITLE		Change Addition
NAME	GREENE, JOHN		2.2 NAME		
STREET ADDRESS	78 ROSEWOOD ORMOND BCH FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ST ST	☐ DELETE	2. 4 CITY-ST-ZIP		Change Addition
NAME	GREENE, REBECCA	_	3.2 NAME		
STREET ADDRESS	358 S. BCH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND FL	- I set care	3.4. CITY - ST - ZIP		Tobarra Thadres
TITLE NAME		☐ DELETÉ	4.1 TITLE	L	Change Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		_ Change _ Addition
NAME			6.2 NAME	•	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		201 A-1 - 101	6.4 CITY-ST-ZIP	Section 119 07/200 Elevida Statutas I Surther cart	ore from the second

Interest derive that the information supplied with this thing does not qualify for the exemption stated in Section 119.07(3)(f), 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.