

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000090698 (9)

1. Corporation Name

SAWGRASS CYCLES, INC.

Principal Place of Business

5930 NW 96TH DR  
PARKLAND FL 33076

Mailing Address

5930 NW 96TH DR  
PARKLAND FL 33076

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

9. Name and Address of Current Registered Agent

CASACCI, JOSEPH R  
305 SOUTHEAST 18TH CT  
FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified

12/15/1994

3a. Date of Last Report

05/10/1995

4. FEI Number

65-0684469

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name

Bradley A. Himmel

82. Street Address (P.O. Box Number is Not Acceptable)

5930 N.W. 96TH DR.

83. City

PARKLAND

FL

85. Zip Code

33076

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: *Bradley A. Himmel*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when re-registering)

6.12.96

DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	D	HIMMEL, BRADLEY A	5930 NW 96TH DR PARKLAND FL 33076	<input type="checkbox"/>
				<input type="checkbox"/>
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11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY - ST - ZIP	15. TITLE	16. NAME	17. STREET ADDRESS	18. CITY - ST - ZIP	19. TITLE	20. NAME	21. STREET ADDRESS	22. CITY - ST - ZIP	23. TITLE	24. NAME	25. STREET ADDRESS	26. CITY - ST - ZIP	27. TITLE	28. NAME	29. STREET ADDRESS	30. CITY - ST - ZIP

300001541863  
-03/09/95 --01014--014  
\*\*\*\*225.00 \*\*\*\*225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bradley A. Himmel* 6/12/96 407.997-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED  
AND  
FILED

95 AUG 30 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (3/96)