

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000022883 (9)

1. Corporation Name

THE BIKE BOX COMPANY INC.

Principal Place of Business

1729 E. COMMERCIAL BLVD. STE. 290
FORT LAUDERDALE FL 33334

Mailing Address

1729 E. COMMERCIAL BLVD. STE. 290
FORT LAUDERDALE FL 33334



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/20/1995

3a. Date of Last Report

4. FEI Number

65-0561353

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

JENZANO, HARRY J JR.
3640 NO. FEDERAL HIGHWAY
LIGHTHOUSE POINT FL 33064

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

Signature of Registered Agent

Signature of Agent for Change of Registered Office

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1. TITLE	☐ Change ☒ Addition
2. NAME	Michael Ballard
3. STREET ADDRESS	2801 N. Course Blvd #m-206
4. CITY-ST-ZIP	Pompano Beach, FL 33069
2. TITLE	☐ Change ☒ Addition
2. NAME	Janice Cento McClintick
3. STREET ADDRESS	16717 Port Royal Circle
4. CITY-ST-ZIP	Jupiter, FL 33477
3. TITLE	☐ Change ☒ Addition
3. NAME	OTTO F. McClintick
3. STREET ADDRESS	16717 Port Royal Circle
4. CITY-ST-ZIP	Jupiter FL 33477
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael C Ballard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-96

305-701-8818

CR2E034 (12/95)