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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000028574 (8)

CYCLE NUTZ, INC.

FILED
May 08 1998 8:00am
Secretary of State



Principal Place	e of Business		Mailin	ng Address							
1900 J & C BOULEVARD NAPLES FL 34109		1900 J & C BOULEVARD NAPLES FL 34109									
								NOT WRITE	IN THIS SPA	ACE	
							3. Date incorporated of 04/06/1995	or Qualified			
2. Principal Pl	lace of Business		2a. M	lailing Address			4. FEI Number			I	oplied For
21			26				65-0562957				ot Applicable
Suite, Apt.	#, etc.			uite, Apt. #, etc.							Additional
22			27				5. Certificate of Status	Desired			equired
City & State	3			ity & State			6. Election Campaign	Financing		\$5.00	May Be
23			28				Trust Fund Contribu	_			to Fees
Zip	Cou	ntry	Zij	ip	Cou	intry	8. This corporation own	es or has pai	d the currer	it year In	tangible
24	25		29		30		Personal Property To] No
	g, Name and Add	iress of Current	Register	ed Agent			10. Name and Address	of New Reg	istered Ag	ent	
NO	CERO, DAVID					81 Name					
1900 J & C BOULEVARD			82		82 Street Add	Street Address (P.O. Box Number is Not Acceptable)					
NA)	PLES FL 34109					63					
						84 City			 T	85 Zip	Code
44 Pureuant t	to the provisions of S	actions 607 0502	and 607	1509 Florida St	at the the el	nove-pemed cor	rporation submits this statem	ent for the n	FL	angino i	e registered
office or re	egistered agent, or b	oth, in the State o	of Florida	Such change w	as authorize	d by the corpora	ation's board of directors. I h	ereby accept	t the appoin	itment as	registered
QQ.Q.	m familiar with and a	connt the obligat	tions of Se								
agent. I an	,,, ,a,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ection dov.dous	o, Fiorida Stat	ules.					
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agent I an	Signature, typed or printed o	ame of registered aguin	l and title if ap	oplicable	(NOTE Registere		ulted when reinstating)	S TO OFFICE	DATE EDG AND D	IDECTOR	PS IN 12
agent. I an SIGNATURE	Signature, typed or printed n		l and title if ap	oplicable DRS	(NOTE Registere	d Agent alignature requ	uited when reinslating) ADDITIONS/CHANGE	S TO OFFICE	ERS AND D		
agent ar SIGNATURE 12.	Signature, typed or printed o	orre of registered agon OFFICERS AND	l and title if ap	oplicable	(NOTE Registere 13.	d Agent algnature ragi		S TO OFFICI	ERS AND D	IRECTOF Change	
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