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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000047274 (2)

JAMES N DEAN'S ISLAND CYCLE, INC. Principal Place of Business Mailing Address 6677 OVERSEAS HWY. MARATHON FL 33050 MARATHON FL 33050-2734										
						3. Date Incorporated or Qualified 06/14/1995	· ·	ate of Last I 29/1996	Report	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			pplied For	
21	•	26				65-0587469			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		7	Additional	
City & Stat	,	City & State				6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			/ May be I to Fees	
Zip	Country	Zip	Cou	Intry		8. This corporation has liability for			s. 199.032,	
24	25	29	30	٠			Yes [
	9. Name and Address of Cure	rent Registered Agent		81	Name	10. Name and Address of New Re	gistered	Agent		
	:STAS, JAMES 7 OVERSEAS HWY.						٠			
	RATHON FL 33050			82	Street Addr	ess (P.O. Box Number is Not Acceptab	ile)			
,,,, w				83	*****				·····	
				84	City			85 Zip	Code	
				1	-	oration submits this statement for the pion's board of directors. I hereby acception	FL	. ' '		
12. THE	Signature 1,64-d or professional name of registered OFFICERS 7 PTSM	AND DIRECTORS DELETE	13.		ant signature requi	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS ANI	DIRECTO Change		
TITLE NAME	MAESTAS, JAMES	[] UELETE	1.1 T					Change	LJ Addition	
STREET ADDRESS	13 MAN-O-WAR RD				ADDRESS					
CHTV - ST - 7IP	MARATHON FL		140	aty-s	I-ZIP					
TITLE		DELETE	2.1 T	ITLE				Change	Addition	
MAME		•	2.2 N							
STHEFT ADDRESS			1		ADDRESS					
DITLE	,	DELETE	2. 4 t		ST - ZIP			Change	Addition	
NAVE			3.2 A							
STREET ADDRESS					ADORESS					
CITY - ST - ZIP			34.1	OTY-:	ST - ZIP					
TifuE		☐ DELETE	4.11	ITLE				Change	Addition	
NAME			4.21	NAME						
\$1860 ADDRESS			1		ADDRESS	•				
CHY-ST ZIP		DELETE	4.4 C 5.1 T		IT-ZIP			Change	Addition	
TITLE NAME		C Dettite	5.1 l					- windings	۰۰۰۰۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱۱	
STREET ADDRESS					ADDRESS					
CITY - ST- ZIP					ST-ZIP					
TITE		DELETE	6.1 T					Change	Addition	
NAME			621	LAME	}					
STREET ADDRESS			6.3 S	TREET	ADDRESS					
CITY - ST - ZIF			6.40	JTY - 9	ST-ZIP					
14. I do here information Fam an o	by certify that the information support indicated on this annual report of the corpolation in Block 12 or Block 13,7 changed	ified with this yling does not quor supplemental annual poort or the receiver or trustee empl, or on an attaching in with an	alify for the is true and lowered to address.	exec exec	mption stated urale and that cute this repor	In Section 119.07(3)(i). Florida Statute my signature shall have the same lega t as required by Chapter 607, Florida S	s. I furthe al effect a Statutes; a	er certify that is if made u and that my	it the nder oath; i name	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

305) 289-0076

FILED

May 08 1997 8:00am

Secretary of State