

**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.)**

APPROVED  
AND  
FILED

96 SEP -9 PM 12: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000064479 (5)**  
1. Corporation Name

**HURRICANE CYCLES, INC.**

Principal Place of Business

Mailing Address

1541 S. DALE MABRY  
TAMPA FL 33629

1541 S. DALE MABRY  
TAMPA FL 33629

2. Principal Place of Business

2a. Mailing Address

21 **1541 S. Dale Mabry**

26 **1541 S. Dale Mabry**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

**TAMPA, FL**

27 City & State

**Tampa, FL**

23 Zip

**33629**

25 Country

**U.S.**

29 Zip

**33629**

30 Country

**U.S.**

9. Name and Address of Current Registered Agent

**MUSLIN, HARVEY P  
1905 W. EKENNEDY BLVD.  
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name **Ann A. Urbanski**  
82 Street Address (P.O. Box Number is Not Acceptable) **2915 Hawthorne Rd.**  
83  
84 City **TAMPA** FL 85 Zip Code **33611**

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 **Ann A. Urbanski**

Signature of principal officer or director, president, secretary or treasurer

**Ann A. Urbanski Treas**

(Print) Registered Agent signature required when re-registering

**8-16-96**

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	PUSEH, DEAN V	831 NORMANDY	TAMPA FL 33625	<input checked="" type="checkbox"/>
D	NORMANDY, MIKE	831 NORMANDY	TAMPA FL 33625	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
Pres	Bill Urbanski	2814 Sittios St	TAMPA FL 33629	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director & Treas.	Ann A. Urbanski	2915 Hawthorne Rd	TAMPA FL 33611	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Elizabeth Urbanski	2915 Hawthorne Rd	TAMPA, FL 33629	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0000010151 Change #1 Addition  
-09/24/96--01172--020  
\*\*\*\*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: **Bill Urbanski**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-31-96 813:255-0003**  
**Bill Urbanski Pres**

CR2E034 (3/96)