

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 SEP 29 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000069542 (5)**

1. Corporation Name

SAVAGE CYCLE WORKS INTERNATIONAL, INC.

REINSTATEMENT 97

Principal Place of Business

Mailing Address

**898 SW 17 STREET
BOCA RATON FL 33481**

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BOCA RATON FL 33481**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1995

3a. Date of Last Report

04/25/1996

4. FEI Number

65-0618892

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 1790 N. POWERLINE RD

26 1790 N. POWERLINE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 POMPANO BEACH FL

28 POMPANO BEACH FL

Zip

Country

Zip

Country

24 33069-

25 BROWARD

29 33069

30 BROWARD

9. Name and Address of Current Registered Agent

**SEELEY, BARBARA
849 S FEDERAL HWY #5
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

81 Name

CINDALEAH KOVARS

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

1561 S.E. 24 TERRACE

83

84 City

POMPANO BEACH

FL

85 Zip Code

33062

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

C. Kovars

9-26-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME CANTRELL, LONNIE
STREET ADDRESS 750 E SAMPLE ROAD BLDG 4 BAY 7 & 8
CITY-ST-ZIP POMPANO BEACH FL 33064**

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**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**PRESIDENT
LONNIE CANTRELL
572 N.W. 38 TERRACE**

1.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

2.1 TITLE ☐ Change ☒ Addition

**VICE PRESIDENT
DENNIS S. COSBAN, SR.
6070 VERDE TRAIL SO. # 602**

2.4 CITY-ST-ZIP BOCA RATON, FL 33433

3.1 TITLE ☐ Change ☒ Addition

**SECRETARY
TONY VERDIBELLO
1790 N. POWERLINE RD**

3.4 CITY-ST-ZIP POMPANO BEACH, FL 33062

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
-10/01/97-01/14-016
****758.75 ****758.75**

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

A. Alan
9/29/97

CR2E034 (4/97)