**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000084857

Principal Place of Business	Mailing Address	
1865 14TH AVENUE VERO BEACH FL 32960	P O BOX 1026 HOBE SOUND FL 33475 US	

## **FILED** Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90018 031 \*\*\*150.00

VERO BI	EACH CYCLING AND FITNE	SS INC.			
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Principal Place		Mailing Address			
1865 14TH AVENUE P O BOX 1026 VERO BEACH FL 32960 HOBE SOUND FL 33475			,		
AEMO REACH I	FL 32960	US		DO NOT WRITE IN TH	HIS SPACE
	•	03		3. Date Incorporated or Qualifed	
				11/02/1995	
2 Principal Pi	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
	lace of Business	— — — — — — — — — — — — — — — — — — —	٠٠ . ــــ ب باب	65-06 15507	Not Applicable
21	44 - 1-	Suite, Apt. #, etc.		03 00 13307	\$8.75 Additional
Suite, Apt.	#, etc.			5. Certifcate of Status Desired	Fee Required
22		27 City 8 State	* **** ·		
City & State	<del>e</del>	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	Carrata	Trust Fund Contribution	Added to Fees
Žip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
nce	ULA, SUSAN		81 Name	•	
	14TH AVENUE	TOWNS THE REAL WAY	82 (Street Ad	dress (P.O. Box Number is Not Acceptable)	S angle of the party of
					***
** VEH	O BEACH FL 32960		83 . · · · ·		The investment of tweethers
			84 City		85 Zip Code
			GH City	F	EL  83  210 0000
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the above-named co	rporation submits this statement for the purpose	of changing its registered
office or n	egistered agent, or both, in the State o	of Florida. Such change was	authorized by the corpora	ition's board of directors. I hereby accept the ap	pointment as registered
		inne of Castian CO7 AEAE CI			
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Fl	onda Statutes.		
agent. I a SIGNATURE	•	ions of, Section 607.0505, Fi			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requi	ired when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOT	E: Registered Agent signature requi		
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOT D DIRECTORS	13.	ired when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND D DEBULA, SUSAN	and title if applicable. (NOT D DIRECTORS	TE: Registered Agent signature requirements  13.  1.1 TITLE  1.2 NAME	ired when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND DEBULA, SUSAN 8106 S.E. PALM ST.	and title if applicable. (NOT D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ired when reinstating) DATE	AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND DEBULA, SUSAN 8106 S.E. PALM ST. HOBE SOUND FL	and title if applicable. (NOT)  D DIRECTORS  DELETE	TE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ired when reinstating) DATE	AND DIRECTORS IN 12 Change Addition
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14. 1 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 phanged or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #