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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000086699 (2)

AMERICAN LEGEND CYCLES, INC.

Principal Place of Business

Mailing Address

FILED Jun 01 1998 8:00am Secretary of State



| 11120 NORTH WASHINGTON BLVD. SARASOTA FL 34236 | | 11120 NORTH WASHINGTON BLVD. SARASOTA FL 34236 | | | | |
|---|--|---|--------------------------|-----------|--|------------------------|
| | | | | | DO NOT WRITE IN THIS SP | ACE |
| | | | | | Date Incorporated or Qualified 11/13/1995 | |
| 2. Principal F | Place of Business | 2a. Mailing Address | <u> </u> | 1 5 | A EEL Number | Applied For |
| 21 | | 26 1/20 N. U. | Khing | ton t | 5///b 59-3372855 | Not Applicable |
| Suite, Apt | . #, etc. | Suite, Apt #, etc. | | - | | \$8.75 Additional |
| City & Sta | lo. | 27 | | | | Fee Required |
| 23 City & Sta | te | Cily & State | T | -1 | 6. Election Campaign Financing | \$5.00 May Be |
| Zip | Country | Zip | Country | | Trust Fund Contribution | Added to Fees |
| 24 | 25] | 1 | () | ሚደረት | This corporation owes or has paid the current Personal Property Tax due June 30. | Yes No |
| | 9. Name and Address of Current | | | ŬS/A | 10. Name and Address of New Registered Ag | |
| WILLIAMS, RAYMOND E 81 Name | | | | | | |
| 11120 NORTH WASHINGTON BLVD. | | | | Street A | Address (P.O. Box Number is Not Acceptable) | |
| / \$1 | RASOTA FL 34236 | | | | | |
| Juna | | | 83 | | | |
| 1120 | | | 84 | City | | 85 Zip Code |
| 44 0 | | | | | FL. | ' |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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, typicd or product income of regressed agend and the Carpocable (NOTL: Registered Agent signature required when reinstating) DATE | | | | | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND D | IRECTORS IN 12 |
| TITLE | D | DELETE | 1.1 TITLE | D+ | President E Williams J. 1720 N. Washington BIVD | Change Addition |
| NAME | WILLIAMS, RAYMOND E | | 1.2 NAME | | Roymond & millions of | |
| STREET ADDRESS | 1105 NORTH NORTH WASHING | gton blvd. | 1.3 STREET A | ADDRESS | 1120. N. Washington 2010 | |
| CITY-ST-ZIP | SARASOTA FL 34238 | | 1.4 CHY-SI | · ZIP | Sarasota, 71, 34236 | |
| TITLE | Sun | ☐ DELETE | 21 TITLE | | , , | Change Addition |
| NAME | 1100 | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET A | | | |
| CITY-ST-ZIP TITLE | | DELETE | 2.4 City-St 3.1 Title | - 21P | | I Change |
| NAMÉ | | LJ been | 3.2 NAME | | , | Change Addition |
| STREET ADDRESS | • | | 3.3 STREET A | DOBECC | | 1 |
| CITY-ST-ZIP | | | 3.4. CITY-ST | | | } |
| TITLE | | ☐ O€LETE | 4.1 TITLE | | | Change Addition |
| NAME | • | | 4. 2 NAME | | • | |
| STREET ADDRESS | | | 4.3 STREET A | DDRESS | | |
| CITY-ST-ZIP | | | 4.4 DITY-ST- | ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | | Change Addition |
| NAME | | | 5.2 NAME | | | 361. |
| STREET ADDRESS | | | 5.3 STREET A | DDRESS | | 6/1 |
| CITY-ST-ZIP | | T nevere | 5.4 CITY - S1- | ZIP | | - \ |
| TITLE | | ☐ DELETE | 6.1 TITLE | | 1000025427 6 -06/01/9801102025 | hange Addition |
| NAME CTOTET ADODECC | | | 6.2 NAME | | -06/01/9801102025 | |
| STREET ADDRESS | | | 6.3 STREET AL | 1 | ***150.00 | |
| CITY-ST-ZIP | certify that the information supplied with | this filing does not qualify for | 6.4 City-S1- | on stated | In Section 119 07/3Vi) Florida Statutas I further contin | y that the information |
| 14. Thereby 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 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 deceiver 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 obanged, or or an algebraich with an address. | | | | | | |