## 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: \$376.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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1996

DOCUMENT #

SIGNATURE:

P95000087243 (8)

SIGNATUR AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

CYCLE CROSS LEASING, INC.

Principal Place of Business Mailing Address										
814 SW 57TH TER 814 SW 57TH TER										
GAINESVILLE FL 32607		GAINESVILLE FL 32607				Date incorporated or Qualified     11/08/1995	3a. Date o	f Last Report		
2. Principal Pla	ce of Business	2a. Mailing Ad	Idress				4. FEI Number		Applied For	
ה ה		26							Not Applicable	
Suite, Apt #,	, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	٦ \$	8.75 Additional Fee Required		
2		27								
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country	<b>28</b> Zip		Country			This corporation has liability for intangible tax under s 199.032			
4	25	29		30	,		Florida Statutes		lo .	
<u> </u>	9. Name and Address of Currer		t				10. Name and Address of New Re	gistered Age	nt	
DO.	OEDO DACUEI			81	Nam	e				
	Gers, rachel I Sw 57th ter				Stree	et Addre	ress (P.O. Box Number is Not Acceptable)			
, GAI	INESVILLE FL 32607			83	1					
	•			84	City				5 Zip Code	
				1				₽LI		
<ol> <li>Pursuant to office or reg agent. I am</li> </ol> SIGNATURE	o the provisions of Sections 607.05t gistered agent, or both, In the State n familiar with land accept the oblig	of Florida, Such cha ations of Section 60					ration submits this statement for the pi n's board of directors. I hereby accept		ent as reg stored	
SIGIVATORE	Signature: Typed or pented room, of respellered ag		1001		part signal	gre regares	ADDITIONS/CHANGES TO OFFIC	EDO AND DU	DECTORS IN 12	
12.		ID DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ENS AND DI	Change Additi	
TITLE	D		DEECTE	1.2 NAME					, <u>C</u>	
NAME	ROGERS, ADAM				T ADDRES	5				
STREET ADORESS	814 SW 57TH TER GAINESVILLE FL 32607									
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NAME		٠,		6.2 NAMI			-07/01/96010	, C. C. C. I 55N2N	<b>.</b>	
STREET ADDRESS					TREET ADDRESS		1000188098 1 <sup>change</sup> Add-in -07/01/9601055030 ***225.00			
CITY OF 710				64 City	- ST - ZIP					
	by certify that the information suppli rufy that the information indicated or der oath, that I am an officer or disc ame appears in Block 12 or Block I	ed with this filing is valued this anylual report for of the corporation if charged, or on a	voluntarily fu or supplem- or the rec an attachme	irnished and ental annual erver or trus nt with an ac	i tloes i Lifeport Itee em Idress	not quali is true a powered	ify for the exemption stated in Section ind accurate and that my signature sh i to execute this report as required by	119 07(3)(k), : ill have the sa Chapter 617,	Florida Statutes I ime lega: effect as i Florida Statutos, an	