

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000095756 (9)

1. Corporation Name

CYCLES IN MOTION, INC.



Principal Place of Business

Mailing Address

2601 HIATUS RD
COOPER CITY FL 33026

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COOPER CITY FL 33026

3. Date Incorporated or Qualified

12/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

4. FEI Number

65-0627581

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 has liability for intangible tax under s. 199.032
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONTGOMERY, RON
2601 HIATUS RD
COOPER CITY FL 33026

81 Name

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

83

84 City

FL

85 Zip Code

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 as to whom applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MONTGOMERY, RON
STREET ADDRESS 9467 SW 52ND CT
CITY-STATE-ZIP COOPER CITY FL 33328

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE DV
NAME SCHLUTER, ROBERT
STREET ADDRESS 11233 W ATLANTIC #208
CITY-STATE-ZIP CORAL SPRINGS FL 33071

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE DS
NAME WIENER, LORI
STREET ADDRESS 1110 SATINLEAF ST
CITY-STATE-ZIP HOLLYWOOD FL 33019

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE DT
NAME WIENER, JEFF
STREET ADDRESS 1110 SATINLEAF ST
CITY-STATE-ZIP HOLLYWOOD FL 33019

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

954 433 0119

Daytime Phone

CR2E034 (12/95)