

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

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000095756 (9)

1. Corporation Name
CYCLES IN MOTION, INC.



Principal Place of Business 2801 HIATUS RD COOPER CITY FL 33026	Mailing Address 2801 HIATUS RD COOPER CITY FL 33026-1303
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1995	3a. Date of Last Report 04/29/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0627581	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MONTGOMERY, RON 2801 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 and title, if applicable

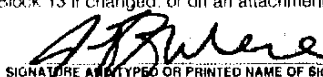
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTGOMERY, RON	12 NAME	
STREET ADDRESS	9487 SW 52ND CT	13 STREET ADDRESS	9551 S.W. 1ST CT.
CITY- ST- ZIP	COOPER CITY FL 33328	14 CITY- ST- ZIP	Pembroke Pines, FL 33025
TITLE	DV	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLUTER, ROBERT	22 NAME	
STREET ADDRESS	11233 W ATLANTIC #208	23 STREET ADDRESS	2000 Sunset Strip
CITY- ST- ZIP	CORAL SPRINGS FL 33071	24 CITY- ST- ZIP	Sunrise, FL 33313
TITLE	DS	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIENER, LORI	32 NAME	
STREET ADDRESS	1110 SATINLEAF ST	33 STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL 33019	34 CITY- ST- ZIP	
TITLE	DT	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIENER, JEFF	42 NAME	
STREET ADDRESS	1110 SATINLEAF ST	43 STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD FL 33019	44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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:

 JEFF WIENER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/97 954433-0119

Date

Daytime Phone #

CR2E034 (9/96)