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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

P96000006268

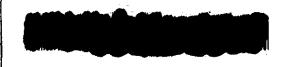
DOCUMENT # BICYCLES, INC. MICHAEL'S

Principal Place of Business

Mailing Address

47MY REE PINCE DO

| FILED | | | | | | | | | | |
|--------------------|---|--|--|--|--|--|--|--|--|--|
| May 13 1997 8:00ar | n | | | | | | | | | |
| Secretary of State | | | | | | | | | | |



| | 1 DECKIDGE | | | | | 1 | • | | |
|--|---|---------------------------|-----------------|--------------------|--------------|---|--|---|--|
| SARASOTA, FL 34233 | | | | | | 3. Date incorporated or Qualified 3a. Date of Last Report | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | Applied For | |
| 21 26 | | | | | | 65-0635357 | | Not Applicable | |
| Suite. Apt. #, etc Suite, Apt. #, etc. | | | | ******** | | | \$8.7 | 5 Additional | |
| 22] | | | | | | 6. Certificate of Status Desired | 1 1 | Required | |
| City & State City & State | | | | | | 6. Election Campaign Financing | \$5.0 | DO May Be | |
| 23 | | 28 | | | : | Trust Fund Contribution | | led to Fees | |
| Zip | Country | Zip | Co | untry | | 8. This corporation has liability for i | nyangible tax undr | er s. 199.032, | |
| 24 | 25 | 29 | 30 | | | | Yes No | 1 | |
| | 9. Name and Address of Current | Registered Agent | | | | 10. Name and Address of New Re | gistered Agent | | |
| A1 | | | | 81 | Name | | | | |
| MICH | AEL MCFNTOSH | ļ | | 82 | Cironi Ad | dress (D.O. Boy Number is Not Assessed | | | |
| 3110 | JENNINGS DR | 11/5 | | 92 | Slibel Au | t Address (P.O. Box Number is Not Acceptable) | | | |
| | • | | | 83 | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | |
| SAR | ASOTA, FL 34 | 236 | | | | | | | |
| Chansoly 12 0100 | | | | 84 | City | | FL 85 2 | Zip Code | |
| 11. Pursuant | to the provisions of Sections 607 0502 | and 607 1508 Florida 1 | Statutes the | ahove. | named co | rporation submits this statement for the p | | o its registered | |
| office or re | egistered agent, or both, in the State o | of Florida. Such change | was authorize | ed by (| the corpor | ration's board of directors. I hereby accept | the appointment | as registered | |
| agent. 1 a | m familiar with, and accept the obliga | tions of, Section 607.050 | Jo, riorida Sia | Blutes. | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | sori the if engine his | CUTE Consister | ad Anan | a acabus sac | cured when reinstailing) | DATE | | |
| 12. | OFFICERS AND | | 13. | | e-S-americal | ADDITIONS/CHANGES TO OFFICE | | ORS IN 12 | |
| rnLE | D | DELET | | TITLE | | ADDITIONS OF PARTIES TO OF FIC | Chan | | |
| NAME | MICHAEL MCIN | | 4 | NAME | - 1 | | | , | |
| STREET ADDRESS | | | | | nnecee | | | | |
| ł | | | ł | STREET A | ł | | | | |
| CITY-ST-ZIP | | 34236 | | CITY-ST- | ZIP | | Chan | ge Addition | |
| TITLE | D At a T | | | TITLE | | | L CHAIT | ge CD Mountain | |
| NAME | WILLIAM MCINTOSH | | | 2.2 NAME | | | | ļ | |
| STREET ADDRESS | TOTAL CONTRACTOR | | 2.3 3 | 2.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | KENILWORTH, IL | | | CITY-ST | -24 | | | | |
| TOSLE | | L DELET | 3.1 | TITEE | . | | L Chan | ige ∐ Addition | |
| NAME | | | 3.21 | NAME | . [| | | i | |
| STREET ADDRESS | | | 3.3 | STREET A | DORESS | | | | |
| CITY-ST-ZIP | | | | CITY - ST | -ZIP | | | | |
| TATLE | | DELET | £ 41 | TILE | | | ☐ Chan | ge 🔲 Addition | |
| NAME | | | 4.2 | NAME, | . • [| | | | |
| STREET ADDRESS | | | 4.3 | STREET A | DORESS | | | | |
| CITY - \$1 - ZIP | | | 4.4 | CITY-ST | . ZIP | | 11 | , | |
| TITLE | | L DELET | | TOLL | | | /// Chan | nge Addition | |
| HAME | | | 521 | NAME | { | | 11/2 - | / / | |
| STREET ADORESS | | | | STREET A | DORESS | | 405/ | 17/90 | |
| CITY-ST-ZIP | | | | CITY - ST | | | ノリンノ | ' 1/ / 4 | |
| THE | | DELET | | TITLE | - LIT | | Chan | nge Addition | |
| NAME | 1 | | 1 | NAME | i | المناس والمناس والمناس والمناس والمناس والمناس والمناس | | THE POST OF | |
| | | | 1 | | | 30000218 -05/22/970112 | ಧದ್ಧದ್ವ | | |
| STREET ADDRESS | | | ı | STREET A | 1 | -U5/22/31U112 | :4U14 | | |
| CITY-ST-ZIP | | | | CITY-ST | -ZIP | ***165.D0 | | | |

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 tegal effect as if made under oath; that I am an officer or director of the coeporation or the tree-tiper of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 30 if changed appears with a address

SIGNATURE: