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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1997 8:00am

Secretary of State

CR2E034

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000016389 (4)**

CYCLE ACCESSORIES OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address 2880 ST. AUGUSTINE ROAD 2880 ST. AUGUSTINE ROAD JACKSONVILLE FL 32207-4147 JACKSONVILLE FL 32207 3. Date Incorporated or Qualified 3a. Date of Last Report 02/21/1996 2. Principal Place of Business 4. FEJ Number 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc. Suite Apt # etc \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Z_{P} Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 Florida Statutes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUMPH, J. QUINTON 3100 UNIVERSITY BLVD., SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 101 83 JACKSONVILLE FL 32216 84 City 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 for 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 familiar with and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE Signature by red or printed name of region red agent and the if applicable (NOTE_Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6)OFFICERS AND DIRECTORS 13. Change Addilion PSTD DELETE 1.1 TITLE TELL KELLY, TOM 1.2 NAME NAME 2880 ST. AUGUSTINE ROAD 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 1.4 CITY - \$1 - ZIP CHY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAVE 2.2 NAME 2.3 STREET ADORESS STREET ADDRESS 2 4 CITY-\$T-ZIP CITY - ST Addition DELETE 3 1 TITLE Change THE NAMI 32 NAME STREET ADDRESS **3.3 STREET ADDRESS** 3 4. CITY - ST-ZIP 01/14/51-20 DELETE Change Addition TITLE 4 1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP $CH(Y) \cdot ST \cdot Z^{p_0}$ DELETE Change Addition Addition 5.1 TITLE 1111 5.2 NAME MARIE 5.3 STREET ADDRESS SUREE LADDRESS 5.4 CITY - ST - ZIP Off - S1 - 7IP DELETE Change Addition TILLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STHEET ADDRESS 6.4 City-SI-ZIP

14. Too 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 indicates on this annual poor to 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 configuration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name