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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026229 (0)

BOCA CYCLE, INC.

Principal Place of Business	

Mailing Address

FILED May 19 1997 8:00am Secretary of State



3199 NORTHE BOCA RATON	ast 2 nd avenue FL 334 32	3199 NORTHEAST 2ND AVE BOCA RATON FL 33431-671:				
				3. Date Incorporated or Qualified 03/22/1996	3a. Date of Last Report	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 181 1	vw aost	26		65-06127127	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CO 75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat	a Raton	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 334	Country 31 25 PB	Zip 30	Country	8. This corporation has liability for in		
	g. Name and Address of Current		-1	10. Name and Address of New Reg	<u> </u>	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 82 Street Address (P.O. Box Number is Not Acceptable) 3199 N E 200 Ave 83 Bacca Rator F1 33432 84 City FL 85 Zip Code						
11. Pursuant to the provisions of Sections 607.050 And 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered Applit, or both in the Statuto Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am farting with, and properly the obligations of Section 607.0508, Florida Statutes. SIGNATURE Signature type of Agent signature required when registating) Date Date						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	DPST	☐ DELETÉ	1.1 TITLE		Change Addition	
NAME	CHRISTY, ALLEN G		1.2 NAME			
STREET ADDRESS	3199 NORTHEAST 2ND AVENU	E	1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY+ST-ZIP			
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS		•	23 STREFT ADDRESS			
CITY-ST-ZIP			2 4 City-St-ZiP			
TITLE		☐ DEEE1E	31 TITLE		Change Addition	
NAME			3 2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3 4, CITY-ST-7IP			
TITLE		☐ DELETE.	4.1 TITLE		Change Addition	
NAME			4. 2 NAME		1	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 THILE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-S1-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 agruent report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the proportation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or						