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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P96000094343

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90183 020 ***150.00

PEDAL F	PUSHERS, INC						
Principal Place	e of Business	Mailing Address					
3150 TAMPA RI	D	3150 TAMPA RD					
STE 6 OLDSMAR FL 34677		STE 6 OLDSMAR FL 34677			DO NOT WRITE IN THIS SI	PACE	
OLDOMAR FL 3	94077	OLUSIMAN FL 340//			3. Date Incorporated or Qualifed		
					11/19/1996		
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	Applied Fo	or
21		26			59-3412129	Not Applic	
Suite, Act.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	al
22		27			5. Certificate of Status Desired	Fee Recuired	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be	e
23		28			Trust Fund Contribution	Added to Fees	
Zip	Cour try	Zip	Count	ry	8. This corporation owes the current year intan		/
24	25		30		t disci di t topo di t	Yes 1100	
 	9. Name and Address of Currer	nt Registered Agent		1 Name	10. Name and Address of New Registered Ag	ent	\dashv
Rt:Di	DESKI, RICHARD W.L.		°	11 Name			
	66 BERKELEY SQ DR		8	2 Street Ac d	dress (P.O. Box Number is Not Acceptable)		
	PA FL 33626		8	-			
17MM	FA 1 L 33020		ľ	13			İ
			8	4 City		85 Zip Code	
					<u>FL</u>		
office or n	registered agent, or both, in the State mediate mediat	ct Florida. Such change was au	itnorizeo d	by the corporati	poration submi's this statement for the purpose of clion's board of (lirectors, I hereby accept the appoint	nent as registered	t i
SIGNATUF.E	Signature, typed or printed na ne of registered age	ot and title if applicable. (NOT E:	Registered A	gent signature require	red when reinstating) DATE		-]
12.		NI) DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN	12
TITLE	D	☐ DELETE 1.1 TITLE		: [Change A	ddition
NAME	BERDESKI, RICHARD L		1.2 NAM	E			
STREET ADDRESS	AATA TOMBUOOD I MUE		1.3 STREET ADDRESS				
City-St-ZIP	PALM HARBOR FL 34685		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			Change A	ddition
NAME	BERDESKI, RICHARD W.L.		2.2 NAME				
STREET ADDRESS	AGAGE DECKELEY OO DD		2 3 STRE	ET ADDRESS			1
CITY-ST-ZIP	TAMPA FL 33626		2. 4 CITY	'-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change A	ddition
NAME			3 2 NAM	E			
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP			3.4. CITY	/-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLS			☐ Change ☐ A	Addition
NAME			4 2 NAM	1E			
STREET ADDRESS			4 3 STRE	EET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ A	Addition
NAME			5.2 NAM	E			
STREET ADORESS			5.3 STRE	EET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ A	ddition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STR	EET ADDRESS			\ \
			6 ¢ CITY	. ST. 7ID			}

14. I hereby certify that the informa ion 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 chapter, or on an attachment with an address, with all other like empowered.

SIGNATURE: