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

Mailing Address

9940 S.W. 164TH TERRACE

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000098471 (1)

CYCLE BROKER, INC.

Principal Place of Business

9940 S.W. 164TH TERRACE

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				3. Date Incorporated or Qualified 12/02/1996	3a. Date of Last Report	
2. Principal Piace of Business	2a. Mailing Address	*******	····	4. FEI Number	Applied For	
21 10854 SW 188	51 26 SAM	<u>و</u>		650685 60	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 1 1 1 1 M 1 F	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
7ip Country 25 (/5	Zip 29	Countr	У	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes Zi No	
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
SERVER, RICHARD		8.	Name		•	
9940 S.W. 164TH TERRACE			Street Ad	dress (P.O. Box Number is Not Acceptable	A)	
. MIAMI FL 33157			0.001710.	arous (1.10. Dox Harrison is Hot Plocopiasi	0,	
- -		63				
		84	City		85 Zip Code	
		-	"",		FL T	
I office or registered agent, or both.	ons 607.0502 and 607.1508, Florida Stat in the State of Florida. Such change was pyths obligations of, Section 607.0505, I	s authorized b	ov the corpor.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered	
SIGNATURE KICKARN	SCUR RUS			4	1/3/9/	
			gent signature req	uired when reinstating)	DATE	
	FICERS AND DIRECTORS DELETE	13.	' 	ADDITIONS/CHANGES TO OFFIC		
NAME PROPSY GRAY!	261/PC	1.1 TITLE			Change Addition	
THE PROST CONT. NAME KICHARU SE STREEL ADDRESS 9990 SW 16	4700	1.2 NAME				
OTTY-S1-70P // MAY / 35/3			T ADDRESS			
TILE	DELETE	1.4 CITY- 2.1 TITLE	SI-ZIP		Change Addition	
NAME	ternal DELETE	2.1 TITLE 2.2 NAME			El cuanto El Modifici	
STREET ADDRESS			T ADDRESS			
CHY-SI-ZIO		2.4 CITY				
TILE	DELETE	3.1 TITLE	UI EN	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAME		3.2 NAME			_ *	

6.4 CITY - ST-ZIP 14. I do hereby cert fy 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

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHTY - ST - ZIP

STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

CITY - \$1 - ZiP

CHTY - ST - ZIP

C(TY - ST - 7)P

THUE

NAME

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NAM:

TITLE NAME STREET ADDRESS

DELETE

DELETE

DELETE

Change

Change

Change

Addition

☐ Addition

Addition

FILED

Apr 16 1997 8:00am

Secretary of State