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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90056 006 ***150.00

DOCUMENT # P9700006591

ADVANCED CYCLE MECHANICS/MACHINE, INC.				
	•			
Principal Place of Business	Mailing Address			
519 N. DIXIE FREEWAY NEW SMYRNA BEACH FL 32168	519 N. DIXIE FREEW NEW SMYRNA BEAC			

|--|--|

NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168					DO NOT WRITE IN TH	IS SPACE		
						3. Date Incorporate		7
						01/15/1997		
0.04-1-101-	a of D. sinosa	2a, Mailing Address				4. FEI Number		Applied For
2. Principal Plac	e of Business					··		Not Applicable
21		26				59-3416896		
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certifcate of Sta	tus Desired	\$8.75 Additional Fee Required
City & State		City & State			-	6. Election Campai Trust Fund Cont	~	\$5.00 May Be Added to Fees
Zip	Country	Zip	Co	untry		8. This corporation	owes the current year	Intangible
24	25	29	30			Personal Proper	ty Tax.	☐ Yes ☐ No
	9. Name and Address of Curre			T^-		10. Name and Add	ress of New Registers	d Agent
	<u></u>	<u>.,</u>		81	Name			
COTE'.	SHERRY MARIE				S	<u>herry Coté</u>	<u>-Jarvis, E</u>	<u>sq. </u>
	K LANE			82	Street Addr	ndia nox rumbe	is Not Acceptable) Su	ite 201
NEW S	MYRNA BEACH FL 32168			83				
				84		dgewater	F	<u> </u>
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, or both, in the State of Florida. Soch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the office of 500 florida Statutes.								
SIGNATURE	Mentife, typed or printed partie of egistered age	ent and tated applicable.	NOTE: Registere	d Agent	signature require	d when reinstating)	DATE	777
12.		ND ERECTORS	13.			ADDITIONS/CHA	NGES TO OFFICERS	AND DIRECTORS IN 12

_	Standard, typed or printed parts of registered agent and t	applicable. (NOTE: Re	gistered Agent signature re	quired when reinstaurig)	
12.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change	Addition
NAME	GATZY, PAUL		1.2 NAME		
STREET ADDRESS	275 ADAMS ROAD		1.3 STREET ADDRESS		}
CITY-ST-ZIP	EDGEWATER FL 32141		1.4 CITY-ST-ZIP		
TITLE	PTD	☐ DELETE	2.1 TITLE	Change] Addition
NAME	BEQUEATH, BARBARA		2.2 NAME		ĺ
STREET ADDRESS	275 ADAMS ROAD		2.3 STREET ADDRESS]
CITY-ST-ZIP	EDGEWATER FL 32141		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	- Change	Addition
NAME			3.2 NAME		l
STREET ADDRESS			3.3 STREET ADDRESS		Ĭ
CITY-ST-ZIP	,		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change {	Addition
NAME	, 1 <u>.</u>		4. 2 NAME		}
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-\$T-ZIP	". .		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ 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 ADORESS			6.3 STREET ADDRESS		1

CITY-ST-ZIP 14. I 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 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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 4