

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000018831 (2)**
1. Corporation Name
DEVILMAN CREATIVE CUSTOM CYCLES, INC.

Principal Place of Business 3200 N MILITARU TRAIL SUITE 200 BOCA RATON FL 33431	Mailing Address 3200 N MILITARU TRAIL SUITE 200 BOCA RATON FL 33431
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18395 NW 12th Street Suite, Apt. #, etc.		2a. Mailing Address 26 18395 NW 12th Street Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/24/1997	
22 City & State Pembroke Pines, FL		27 City & State Pembroke Pines, FL		4. FEI Number 58-2209826 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23 Zip 33029		28 Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33029		29 Country Broward		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SCRENCI, STEPHWN W 3200 N MILITARU TRAIL SUITE 200 BOCA RATON FL 33431				10. Name and Address of New Registered Agent 81 Name Michael Stevens 82 Street Address (P.O. Box Number is Not Acceptable) 18395 NW 12th Street 83 84 City Pembroke Pines FL 85 Zip Code 33029	

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. Such 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
2/17/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D, P, T, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, MICHAEL	1.2 NAME	Michael Stevens
STREET ADDRESS	50 VILLA ROMA DRIVE	1.3 STREET ADDRESS	18395 NW 12th Street
CITY-ST-ZIP	TEWKSBURY MA 01876	1.4 CITY-ST-ZIP	Pembroke Pines, FL 33029
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

[Signature]

3-17-98 (954) 704-8099

CR2E034 (10/97)