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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jun 10 1998 8:00am

Secretary of State

Change

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-06/11/98--01066--0**2**8

***150.00

Addition

Addition

Addition .

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029775 (8)

SOUTH LAKE BICYCLES, INC.

Principal Place of Business Mading Address 602 SOUTH MAIN AVENUE 602 SOUTH MAIN AVENUE MINNEOLA FL 34755 MINNEOLA FL 34755 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/31/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{(i)}$ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Marshall, Mark MARSHALL , MARK 602 SOUTH MAIN AVENUE Box Number is Not Acceptable) Street Address (P.O. 82 MINNEOLA FL 34755 83 Zip Code 34711 CLERMONT 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. 4-30-98 maistall Kathleen Marshall SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DLLETE Change Addition TITLE 1.1 101,8 NAME 1.2 NAME marshall, kathleen STREET ADORESS 1.3 STREET ADORESS 367 PALM LANE CLERMONT, FL 34711 CITY-ST-ZIP 1.4 CITY- ST-ZIP Addition TITLE DELLTE 2.1 Till E Change MARSHALL, MARK 367 PALM LANE NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP CLERMONT, FL CITY-ST-ZIP OFLE 1E Change Addition TITLE 3171716 NAME 3 2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplience that 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 of the receiver or fusite 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.

4.1 TITLE

4 2 NAME 4 3 STREET ADDRESS

51 TITLE

52 NAME 53 STREET ADDRESS

6 1 TITLE

62 NAMI

4.4 CHY-ST-ZIP

54 CITY - \$1 - 7IP

6.3 STREET ADDRESS

DLLETE

DELETE

DELETE