

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000035148 (0)

1. Corporation Name

BRINTNALL BICYCLE CENTER, INC.

Principal Place of Business

1222 BLOCK ISLAND ROAD
WELLINGTON FL 33414

Mailing Address

1222 BLOCK ISLAND ROAD
WELLINGTON FL 33414

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

DUFRESNE, DONALD P ESQ.
12788 FOREST HILL BOULEVARD
SUITE 2003
WELLINGTON FL 33414

81 Name *BRINTNALL, WILLIAM A*

82 Street Address (P.O. Box Number is Not Acceptable)

1222 BLOCK ISLAND ROAD

83

84 City *WELLINGTON* FL 85 Zip Code *33414*

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 *4-4-98*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETE <input type="checkbox"/>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINTNALL, WILLIAM A		1.2 NAME	
STREET ADDRESS	1222 BLOCK ISLAND ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY-ST-ZIP	
TITLE	D	DELETE <input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINTNALL, STEPHANIE B		2.2 NAME	
STREET ADDRESS	1222 BLOCK ISLAND ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414		2.4 CITY-ST-ZIP	
TITLE		DELETE <input type="checkbox"/>	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		DELETE <input type="checkbox"/>	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		DELETE <input type="checkbox"/>	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		DELETE <input type="checkbox"/>	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]*

FILED
Apr 20 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/17/1997

4. FEI Number *65-0747088* Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

CR2E034 (10/97)