SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #** P97000035148 1. Corporation Name

FILED Sep 23, 1999 8:00 am Secretary of State

09-23-1999 90009 040 ***550.00

	ALL BICYCLE GENTER, INC	› •					
Principal Place	o of Dunings	Mailing Address					EII EEI
•		•					
1222 BLOCK II WELLINGTON	1222 BLOCK ISLAND RO WELLINGTON FL 33414						
TELEBOTOR TE WHY						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						04/17/1997	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied F	or
21		26				65-0747088 Not Appli	icable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				S8.75 Addition	nal
22		27				5. Certificate of Status Desired Fee Required	ا }
City & State		City & State				6. Election Campaign Financing \$5.00 May B	3e
23		28				Trust Fund Contribution Added to Fees	S
Zip Country		Zip Cou		ntry		8. This corporation owes the current year	
24	25	29	30			Intangible Personal Property. Yes No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent	
54.05				81 N	Name		
	FRESNE, DONALD P ESQ.			82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	2 BLOCK ISLAND RD					(1.0.)	
	TE 2003			83			
WEL	LLINGTON FL 33414			84 (85 Zip Code	
				04	City	FL 85 Zip Code	ı
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.							ed ed
•	arii lamiliai witti, arid accept the obliga	nions of, section our .coos, i	ionda ota	utos.			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (f	NOTE: Registe	red Agen	t signature requir	red when reinstating) DATE	-
12.	OFFICERS AN		13.			ARRITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
	D	DELETE	1.1 TI	LE			12 ddition
NAME	_						
NAME	BRINTNALL, WILLIAM A		1.1 TF 1.2 N/		DRESS		
NAME STREET ADDRESS	BRINTNALL, WILLIAM A 1222 BLOCK ISLAND ROAD		1.1 TF 1.2 N/ 1.3 ST	.ME REET ADI	ŧ		
NAME	Brintnall, William A 1222 Block Island Road Wellington Fl 33414	DELETE	1.1 TF 1.2 N/ 1.3 ST	.ME REET ADI IY-ST-ZIF	ŧ	Change A	ddition
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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: