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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P97000039999

1. Corporation Name

BIKES OF POMPANO INC

Principal Place of Business	Mailing Address
222 N. FED HWY	~~222 N. FED HWY~~
POMPANO BEACH, FL 33062	~~POMPANO BEACH, FL 33062~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 5-6-97

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0751319	☐ Applied For ☐ Not Applicable
21	26 900 E. ATLANTIC BLVD		
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27 SUITE 17	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State: 23	City & State: 28 POMPANO BEACH, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip: 24 / Country: 25	Zip: 29 33060 / Country: 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

GERALD LUCERO
222 N. FEDERAL HWY
POMPANO BEACH, FL 33062

10. Name and Address of New Registered Agent

81 Name: ALAN D. STUPARITZ
82 Street Address (P.O. Box Number is Not Acceptable): 900 E. ATLANTIC BLVD
83 SUITE 17
84 City: POMPANO BEACH FL 85 Zip Code: 33060

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, type or print name of person signing) (NOTE: Registered Agent's signature required when reinstating) DATE: 6-24-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	11 TITLE	PSTD ☒ Change ☐ Addition
NAME	GERALD LUCERO	12 NAME	JERRY LUCERO
STREET ADDRESS	222 N. FED HWY	13 STREET ADDRESS	222 N. FED HWY
CITY-ST-ZIP	POMPANO BEACH, FL 33062	14 CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	000002583010
STREET ADDRESS		63 STREET ADDRESS	-07/08/98--01051--043
CITY-ST-ZIP		64 CITY-ST-ZIP	***150.00

CR2E034 (10/97)

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 added, or on an attachment with an address.

SIGNATURE: Jerry Lucero — 5-1-98 — 954-783-5030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #