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Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P97000056741 (6)

1. Corporation Name
BIKER DESIGN, INC.



Principal Place of Business
1526-H STATE AVENUE
HOLLY HILL FL 32117

Mailing Address
1526-H STATE AVENUE
HOLLY HILL FL 32117

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4877 ORANGE BLVD		26 4877 ORANGE BLVD		06/27/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		Applied for <input checked="" type="checkbox"/> Applied For	
24 Zip		29 Zip		Not Applicable	
25 Country		30 Country		5. Certificate of Status Desired	
26 32127		29 32127		31 32127	
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AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

11. Name	12. Street Address (P.O. Box Number is Not Acceptable)
13. City	14. Zip Code
FL	85

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	RECEL ERGUN
NAME	RECEL ERGUN	1.2 NAME	40 SUNDANCE AVE.
STREET ADDRESS	1526-H STATE AVENUE	1.3 STREET ADDRESS	DOUGL INTL FL 32127
CITY-ST-ZIP	HOLLY HILL FL 32117	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	BISMUTH, MICHEL	2.2 NAME	
STREET ADDRESS	1526-H STATE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL 32117	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	NIR GIST
NAME	GIST, NIR	3.2 NAME	4877 ORANGE BLVD
STREET ADDRESS	1526-H STATE AVENUE	3.3 STREET ADDRESS	PORT ORANGE FL
CITY-ST-ZIP	HOLLY HILL FL 32117	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	LAVI, YOSIF	4.2 NAME	
STREET ADDRESS	1526-H STATE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL 32117	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 the 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 of registered agent

904-827-8000

CR2E034 (10/97)