

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

FILED

**Apr 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000057626 (8)
1. Corporation Name
**CYCLE FOR LIFE, INC. -
LASER Classics Inc. 12-19-97**

Principal Place of Business Mailing Address
P.O. BOX 816046 HOLLYWOOD FL 33081 P.O. BOX 816046 HOLLYWOOD FL 33081



DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25
2a. Mailing Address
26 8762 LAKE TIBET Ct
27 Suite, Apt. #, etc.
28 Orlando FL
29 32836 30 USA

3. Date Incorporated or Qualified
07/01/1997
4. FEL Number
65-0817043
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

9. Name and Address of Current Registered Agent
FORMAN, STEPHANIE
3811 NORTH 43RD AVENUE
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
81 Name RONALD H Leventhal
82 Street Address (P.O. Box Number is Not Acceptable)
8762 LAKE TIBET COURT
83
84 City ORLANDO FL 85 Zip Code 32836

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 *Ronald H Leventhal*

(NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FORMAN, STEPHANIE	
STREET ADDRESS	3811 NORTH 43RD AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33081	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENDELE, BARBARA	
STREET ADDRESS	1022 NORTHEAST 114TH STREET	
CITY-ST-ZIP	BISCAYNE PARK FL 33161	
TITLE	President	<input type="checkbox"/> DELETE
NAME	STANLEY THAW	
STREET ADDRESS	2681 Cypress Lane	
CITY-ST-ZIP	WESTON FL 33332	
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	ROB JACOB	
STREET ADDRESS	1121 Granada Ct	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Ronald H. Leventhal	
STREET ADDRESS	8762 LAKE TIBET COURT	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Jacqueline C Leventhal	
STREET ADDRESS	8762 LAKE TIBET COURT	
CITY-ST-ZIP	ORLANDO FL 32836	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RONALD H. Leventhal	
1.3 STREET ADDRESS	8762 LAKE TIBET COURT	
1.4 CITY-ST-ZIP	ORLANDO FL 32836	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	500002493305	
4.4 CITY-ST-ZIP	04/20/98--01028--019 ***150.00	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 member 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 assignment with an address.
SIGNATURE *Stephanie Forman* 3-13-98

CR2E034 (10/97)