

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

**FILED**

**Apr 28 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P97000066860 (2)**  
1. Corporation Name  
**YOUNG CYCLE PRODUCTS INC.**



Principal Place of Business: **1522-NW 108TH WAY CORAL SPRINGS FL 33071**  
Mailing Address: **1522-NW 108TH WAY CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>1440 CORAL RIDGE DR</b>		26 <b>1440 CORAL RIDGE DR</b>		<b>08/01/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 <b>Suite 307</b>		27 <b>Suite 307</b>		<b>65-0772517</b>	
City & State		City & State		Applied For	
23 <b>CORAL SPRINGS, FLA</b>		28 <b>CORAL SPRINGS, FLA</b>		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>33071</b>	25	29 <b>33071</b>	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>YOUNG, WILLIAM D JR 1522-NW 108TH WAY CORAL SPRINGS FL 33071</b>				81 Name <b>YOUNG, WILLIAM D JR (SAME)</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>1440 CORAL RIDGE DR</b>			
				83 <b>Suite 307</b>			
				84 City <b>CORAL SPRINGS</b>		85 State <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, WILLIAM D JR</b>	1.2 NAME	<b>YOUNG, WILLIAM D JR</b>
STREET ADDRESS	<b>1522-NW 108TH WAY</b>	1.3 STREET ADDRESS	<b>1440 CORAL RIDGE DR. SUITE 307</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	1.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHIN-LOY, IAN</b>	2.2 NAME	<b>CHIN-LOY, IAN</b>
STREET ADDRESS	<b>1522-NW 108TH WAY</b>	2.3 STREET ADDRESS	<b>10708 WILES RD</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	2.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FLA 33076</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: *William Young* 4-18-98 954 752 0663

CR2E034 (10/97)