

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

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

04-23-1999 90091 003 ***150.00

PROFIT-CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000009049**

1. Corporation Name
CYCLES UNLIMITED, INC.



Principal Place of Business Mailing Address
1810 MAJOR DR. LAKE WORTH FL 33461
1810 MAJOR DR. LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/23/1998

4. FEI Number **65-0809039** 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
21 1028 North H. Street **26 1028 North H. Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
 City & State City & State
23 Lake Worth, Fl. 33460 **28 Lake Worth, Fl. 33460**
 Zip Country Zip Country
24 33460 **25 U.S.A.** **29 33460** **30 U.S.A.**

9. Name and Address of Current Registered Agent
SCHROEDER, NORMAN L II
6801 LAKE WORTH DR.
STE. 120
LAKE WORTH FL 33487

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Jenness	1.2 NAME	
STREET ADDRESS	218 19th Ave North	1.3 STREET ADDRESS	
CITY-ST-ZIP	Lake Worth, Fl. 33460	1.4 CITY-ST-ZIP	
TITLE	Vice-President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spring Seeley	2.2 NAME	
STREET ADDRESS	17212 38th Lane North	2.3 STREET ADDRESS	
CITY-ST-ZIP	Loxahatchee, Fl. 33470	2.4 CITY-ST-ZIP	
TITLE	Sec. Joan Clapper <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1028 North H. Sterrt	3.2 NAME	
STREET ADDRESS	Lake Worth, Fl. 33460	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Clapper	4.2 NAME	
STREET ADDRESS	1028 North H. Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Lake Worth, Fl. 33460	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, with all other like empowered.

SIGNATURE: Michael Clapper April 21, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)