PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000015734

BICYCLI	e tours of central flo	PRIDA, INC.								
Principal Plac	e of Business	Mailing Address	<u></u> .			_	i i anitaa i een ereat ineer rooti onin a	Mist altala niddi Dimi Iot	40 liku otel 1881	
Principal Place of Business Mailing Address 1000 WINDERLEY PLACE SUITE 230 SUITE 230 MAITLAND FL 32751 MAITLAND FL 32751						-	DO NOT WRITE 3. Date incorporated or Qualifed	IN THIS SPACE		٦.
			يوبما			- 1	02/16/1998		•	
2. Principal P	lace of Business	2a. Mailing Add	ress				4. FEI Number 59- 350 6542	⊢	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #	t, etc.	·+ <u></u>				L Fee I	Additional Required	_]
City & Stat	te .	City & State	·				6. Election Campaign Financing	\$5.0	May Be	
Zip	Country	Zip		Country	,		Trust Fund Contribution 8. This corporation owes the current		No	1
24	9. Name and Address of Current	t Registered Acent	30			─	Personal Property Tax. 0. Name and Address of New Reg		5.40	-{
	5. Name and Address of Current	t Kagisterad Agent		81	Name					7
CAMPBELL, GREGORY S 1000 WINDERLEY PLACE				82	Street A	Address (P.O. Box Number is Not Acceptable)				
1	TE 230			83]
]	TLAND FL 32751			84	1 1			FL i i	Code	7
11. Pursuant office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	2 and 607.1508, Flori of Florida. Such char	ida Statutes, t ige was autho	the above	a-named corpor	corporat	ion submits this statement for the pu board of directors. I hereby accept the	rpose of changing it he appointment as i	ts registered registered	
Į.		ichis di, Section dur.	USUS, FIORICIA	Statutes	•		•			
SIGNATURE		_			Il signatura req		n reinstating)	DATE		} 6
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AN	t and life if applicable.	(NOTE Rep	istered Agen				DATE CERS AND DIRECT	ORS IN 12	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI	t and life if applicable. D DIRECTORS		13.			n reinstating)	DATE	ORS IN 12	4 (44,000)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI	t and life if applicable. D DIRECTORS	(NOTE Rep	13. 1.1 TITLE 1.2 NAME	ni signatura req		n reinstating)	DATE CERS AND DIRECT	ORS IN 12	2 (1
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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 suppliemental 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 application with an address) with all other like empowered.

SIGNATURE:

May 05, 1999 8:00 am Secretary of State

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