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

Mailing Address

DUNEDIN FL 34698

2668 BAYSHORE BLVD.

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000027361

1. Corporation Name

Principal Place of Business

2668 BAYSHORE BLVD.

DUNEDIN FL 34698

BRAKE TIME BIKE SHOP, INC.

						03/23/1998		1		
2. Principal Place of Bu	siness	2a. Mailing Address				FEI Number			Па	pplied For
[21]		26				59-2	3503	out	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional				
22		27			5.	Certificate of St	atus Desired		Fee R	equired
City & State		City & State			6.	Election Campa	aign Financing		\$5.00	May Be
23		28				Trust Fund Cor	ntribution		Added	to Fees
Zip	Country	Zip	Country		8.	This corporatio	n owes the cur	rent year Inta	ngible	
24	29 30	30			Personal Prope		<u>-</u>	Yes	□No	
	ne and Address of Curren	t Registered Agent	81		10.	Name and Ad	dress of New	Registered A	gent	
BALL, HEATHER T 2668 BAYSHORE BLVD.				Name Street Ac	Address (P.O. Box Number is Not Acceptable)					
DUNEDIN FL 34698			-							
DOIAEDIIA L.F	UTUJU	4	83							,
			84	City					85 Zip	Code
	·				<u> </u>			<u>FL</u>	<u> </u>	
office or registered	agent or both in the State :	2 and 607.1508, Florida Statutes, of Florida. Such change was auth tions of, Section 607.0505, Florida	onzed by	the corpora	orporation ration's bo	submits this st ard of directors	atement for the . I hereby acce	e purpose of c ept the appoin	tment as r	agistered
SIGNATURE Signature to	ped or printed name of registered agen	t and title if applicable. (NOTE: Re	pistered Apen	t signature requ	guired when re	einstating)		DATE		
12,	OFFICERS AN		13.	,		DDITIONS/CH	ANGES TO O	FFICERS AN	DIRECT	ORS IN 12
		☐ DELETE	1.1 TITLE						☐ Change	☐ Addition
NAME BALL	DAVIB G		1.2 NAME							
STREET ADDRESS	SPAYSHORE B	LVD	1.3 STREET	ADDRESS						
CITY-ST-ZIP	DAVID G BAYSHORE B WEDIN, FL 3:	1688	1.4 CITY-S	r-ZIP						
TITLE 051	~	☐ DELETE	2.1 TITLE						☐ Change	☐ Addition
NAME A44	- HEATHER T	•	2.2 NAME							
			2.3 STREET	ADDRESS						}
CITY-ST-ZIP	88 BRYKHOAL	BLVO	2.4 CITY-S	T-ZIP						
TIPLE	14N-OIR, F-3	4658 DELETE	3.1 TITLE						Change	Addition
NAME	,, ,,	, , ,	3.2 NAME							
STREET ADDRESS			3.3 STREET	ADDRESS						
CITY-ST-ZIP			3.4. CITY- S	T-ZIP						
TITLE		☐ DELETE	4.1 TITLE						☐ Change	☐ Addition
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET	ADDRESS						(
CITY-ST-ZIP			4.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	5.1 TITLE						Change	Addition
NAME			5.2 NAME	j						
STREET ADDRESS			5.3 STREET	ADDRESS						
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE						Change	Addition
NAME			: 6.2 NAME							
STORET ACCORDEGS			6.3 STREE	ADDRESS						

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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. (207) 238-0336

FILED

05-06-1999 90031 006 ***150.00

DO NOT WRITE IN THIS SPACE

May 06, 1999 8:00 am = Secretary of State