


FILED

Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90204 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000045037

1. Corporation Name

CYCLES BY MICHAEL, INC.

Principal Place of Business

1109 DELACROIX CIRCLE
NOKOMIS FL 34275

Mailing Address

1109 DELACROIX CIRCLE
NOKOMIS FL 34275

Change

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1998

4. FEI Number

65-0831419

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

21. 1109 Bo 395 Commercial

Suite, Apt. #, etc.

22. Suite A

City & State

23. Venice FL

Zip

24. 34292

Country

25. USA

2a. Mailing Address

26. P.O. Box 1466

Suite, Apt. #, etc.

27. City & State

28. Venice, FL

Zip

29. 34294-1466

Country

30. USA

9. Name and Address of Current Registered Agent

KLINGBEIL, ROBERT T JR
341 VENICE AVENUE WEST
VENICE FL 34285

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETENAME LEVINE, MICHAEL D
STREET ADDRESS 1109 DELACROIX CIRCLE
CITY-ST-ZIP NOKOMIS FL 34275

Correct

TITLE VSD ☐ DELETENAME LEVINE, ELIZABETH
STREET ADDRESS 1109 DELACROIX CIRCLE
CITY-ST-ZIP NOKOMIS FL 34275

Correct

TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Levine 1/15/99 941-483-3379

Date

Daytime Phone #

CR2E034 (11/98)