

02251999-90055-001-\$100.00-\$100.00


FILE NOW. FILING FEE AFTER MARCH 1ST IS \$300.00

FILED
Feb 25, 1999 8:00 am
Secretary of State

03-26-1999 90012 022 ****50.00

02-25-1999 90055 001 ***100.00

04-20-1999 90196 012 ***150.00

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P98000076542 1. Corporation Name BIG BIKE OF ORLANDO, INC. | | |

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| Principal Place of Business 9543 SUNBEAM CENTER DRIVE JACKSONVILLE FL 32257 | Mailing Address 9543 SUNBEAM CENTER DRIVE JACKSONVILLE FL 32257 |
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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

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|---|
| 9. Name and Address of Current Registered Agent MILLER, JOHN M 447 ATLANTIC BOULEVARD SUITE 1 ATLANTIC BEACH FL 32233 |
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| 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 <u>John M. Miller</u> DATE <u>3/25/99</u> |
|--|

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------|
| TITLE | SPD |
| NAME | SCOTT, BRUCE |
| STREET ADDRESS | 9543 SUNBEAM CENTER DRIVE |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|--|-------------------------------|
| DO NOT WRITE IN THIS SPACE | |
| 3. Date Incorporated or Qualified 09/02/1998 | |
| 4. FEL Number 59-3534354 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Name and Address of New Registered Agent | |
| 81 Name Kathryn Myra | 85 Zip Code 32250 |
| 82 Street Address (P.O. Box Number is Not Acceptable) 333 1st St. N., Suite 305 | |
| 83 City Jax. Beh. | |
| 84 State FL | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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

Date

Daytime Phone #

CR2E034 (11/98)