

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000103054

1. Corporation Name

VOLUSIA SCHWINN CYCLING, INC.

Principal Place of Business

3132 S RIDGEWOOD AVE
S DAYTONA FL 32119

Mailing Address

3132 S RIDGEWOOD AVE
S DAYTONA FL 32119

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

28

Zip

24

Country

29

Country

30

9. Name and Address of Current Registered Agent

LAVALLEE, ANDRE
3132 S RIDGEWOOD AVE
S DAYTONA FL 32119

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT & SECRETARY	<input type="checkbox"/> DELETE	1.1 TITLE	P/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTIAN LAVALLEE		1.2 NAME	CHRISTIAN LAVALLEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	845 W. CENTRAL AVE		1.3 STREET ADDRESS	845 W. CENTRAL AVE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	SOUTH WILLIAMSPT PA 17702		1.4 CITY-ST-ZIP	S. WILLIAMSPT PA 17702 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VICE-PRESIDENT & TREASURER	<input type="checkbox"/> DELETE	2.1 TITLE	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDRE LAVALLEE		2.2 NAME	ANDRE LAVALLEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	145 SENECA ST		2.3 STREET ADDRESS	145 SENECA ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	DAYTONA FL 32114		2.4 CITY-ST-ZIP	DAYTONA FL 32114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			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:

Christian LaVallee, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 2, 1999 410 522 5293

Date

Daytime Phone #

CR2E034 (11/98)