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

FILED Feb 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT** # S14285 (8) A.B.S. CYCLE, INC. Principal Place of Business Mailing Address 2912 N. STATE RD. 7 2912 N. STATE RD. 7 MARGATE FL 33063 MARGATE FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/19/1990 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-022897.1 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Zip Personal Property Tax due June 30. 25 24 29 30 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILLNER, WILLIAM 8581 W. MCNAB ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUTTLE 117 83 TAMARAC FL 33321 84 City 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, typod or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITI F 1.1 TITLE EFFRON, LEONARD NAME 1.2 NAME CR2E034 STREET ADDRESS 2912 N. STATE RD. 7 1.3 STREET ADDRESS CITY-\$1-ZIP MARGATE FL 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 City-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITI F 5 1 TIX) F NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP 14. Thereby 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 adactment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

2/11/98 914-721-22/0

Change

Addition