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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

/7\

## **FILED** May 08 1998 8:00am Secretary of State

	CYCLERY, INC.	Mailing Address  845 BALD EAGLE DR			
MARCO ISLAND FL 33937 MARCO ISLAND FL 33937				DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualified	IS SPACE
				10/15/1991	
2, Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0287622	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat		City & State			Fee Required
23	e e	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
ZipOU	Country	Zip	Country	8. This corporation owes or has paid the	Added to Fees
24 37/	19) 25	Zip 34/45	30	Personal Property Tax due June 30.	Yes I No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	ed Agent
DU	gan, randy l		81 Name		
100 SANDHILL ST			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MA	IRCO ISLAND FL 33937			****	
			83		i
			84 City		85 Zip Code
11 Pursuant	to the provisions of Sections 607 06	02 and 607 1508. Florida Statutor	the shove named corn		L es zip code
	egistered agent, or both, in the Stati im familiar with, and accept the oblig	e of filorida. Such change was au gations of, Section 607.0505, Flor	thorized by the corporation Statutes.	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Signature, typed or printed name of registered as	ent and tile if applicable (NOTE)	Registered Agent signature requir	ed when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAMÉ	DUGAN, RANDY L.		1.2 NAME		
STREET ADDRESS	100 SAND HILL ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL	T persye	1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELFTE	2.1 TITLE		☐ Change ☐ Addition
NAME	TRUDEAU, MARK P 778 ORCHID CT		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MARCO ISLAND FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		OLECIE	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		]
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		-
STREET ADDRESS			4.3 STREFT ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		The ste	5.4 CiTY-\$1-ZiP		
TITLE		☐ DELETE	6.1 THLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	•		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 true to empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on an attachment of the receiver of