

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

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

03-25-1999 90010 048 \*\*\*150.00

DOCUMENT # S89346

1. Corporation Name

INTERNATIONAL BICYCLE SHOP AND FITNESS CENTER WE  
ST, INC.

Principal Place of Business

4461 N. UNIVERSITY DRIVE  
LAUDERHILL FL 33351

Mailing Address

11708 NW 38TH PLACE  
C/O LEON WEISS  
SUNRISE FL 33323  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1991

4. FEI Number

65-0293263

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

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE

NAME MORITZ, WAYNE  
STREET ADDRESS 11708 NW 38TH PL  
CITY-ST-ZIP SUNRISE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VS ☐ DELETE

NAME MORITZ, ESTELLE  
STREET ADDRESS 11708 NW 38TH PL  
CITY-ST-ZIP SUNRISE FL

1.2 NAME ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME WEISS, LEON  
STREET ADDRESS 11708 NW 38TH PL  
CITY-ST-ZIP SUNRISE FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME MORITZ, MATTHEW  
STREET ADDRESS 11708 NW 38TH PLACE  
CITY-ST-ZIP SUNRISE FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME WEISS, MOLLIE  
STREET ADDRESS 11708 NW 38 PLACE  
CITY-ST-ZIP SUNRISE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 LEON WEISS, V.D.

3/25/99 (954) 748-2755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0003889