FILED Apr 29, 1999 8:00 am Secretary of State

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathe ine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V27753

VILLAGE BIKE SHOP, INC.

Principal P ace of Business Mailing Address								1	ITON WILLIAM		<b>41</b> 1   1106 1	15   1 <b>5</b>   1   13	AN BIBN BIBN	is didin didin sadi	
7386 S. TAMIAMI TRAIL SARASOTA FL 34231			5917 MANATEE AVE W BRADENTON FL 34209							DO NOT	WESTE I	N TUIC (	PDACE		
US			U\$			<u> </u>	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed								
									0/1992	eu ur Quar	HEG				
2. Principal Place of Business			2a. Mailing Address				_   _	4. FEI N					1	Applied For	
21			26				65-0324212						1	No Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desi			tue Docier	ed [	—— — 1	\$8.75	Additional	
22			27			`	, Cerui		itus Desire	,u _		Fee F	Re juired		
City & State			City & State					6. Election Campaign Financing				7	\$5.00 May Be		
23			28		ountry			Trust Fund Contribution						d to Fees	
Zip	Cou	itry	Zip	30	Outliny			8. This corporation owes the current year Intangible Personal Property Tax					XNo		
24	9 Name and Add	race of Curren	29 Registered Agent	30	<u>, , , , , , , , , , , , , , , , , , , </u>			Perso al Property Tax.  10. Name and Address of New Registered							
	5. Name and Add	ileas of Curren	Registered Agent		81	Name		7		1			<u> </u>		
KING, DAVID L						<u>K</u>	191		3 W1 d	is Not Ac	enotable.	<u> </u>			
7386 E. TAMIAMI TRAIL					82	51 eet 7	/ /7 /	M 41	ate.	e A	septable.	'u	<del>d</del>	4101	
SAR	ASOTA FL 34231				83		L								
					84	City							85 <u>Z</u> ic	1209	
					64	$^{"}$ Br	rade corporati	ento	n			FL			
office or r agent. I a	egistered agent, or be	ith, in the State	and 607.1508, Florida Stati of Florida. Such change was ions of, Section 607.0505, F	authorized	d by th	named o ie corpo	corporati oration's	on subm board of	ts this sta directors.	itement fo I hereby a	r the purp accept th	pose of c le appoin	tment as i	ts registered registered	
SIGNATURE	Signature, typed or printed n	me of registered agen	and title if applicable. (NO	E: Registered	Agent s	ignature re	rec uired wher	n reinstating				DATE			
12.		OFFICERS AN		13.			P/	ADDIT	ONS/CHA	NGES TO	) OFFICI	ERS AND		ORS IN 12	
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NAME	KING, DAVID L	DI 110 141		1.2 NA			Dai	10	111 76	125	17	- 11	,		
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NAME						DDRESS									

CITY-ST-ZIP 14. There by 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 cam 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 change 1, or on an attachment with an address, with all other like empowered

6.4 CITY-ST-ZIP

SIGNATURE: