

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90265 040 \*\*\*150.00

0446389

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # 533777

1. Corporation Name  
 PORT CHARLOTTE CYCLERY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 % CHARLES D. WINSTON  
 3052 TAMiami TRAIL  
 PORT CHARLOTTE FL 33952

Mailing Address  
 % CHARLES D. WINSTON  
 3052 TAMiami TRAIL  
 PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified  
 05/16/1977

4. FEI Number  
 59-1820932

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  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent  
 WINSTON, CHARLES D  
 21304 BERKSHIRE AVE  
 PT CHARLOTTE FL 33952

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PVD	<input type="checkbox"/> DELETE
NAME	WINSTON, CHARLES D	
STREET ADDRESS	21304 BERKSHIRE AVE	
CITY-ST-ZIP	PT CHARLOTTE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KATH, VERNON W.	
STREET ADDRESS	5860 HUMMINGBIRD LANE	
CITY-ST-ZIP	CLARKSTON MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KATH, JUNE R.	
STREET ADDRESS	5860 HUMMINGBIRD LANE	
CITY-ST-ZIP	CLARKSTON MI	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WINSTON, PATRICIA S	
STREET ADDRESS	21304 BERKSHIRE AVE	
CITY-ST-ZIP	PT CHARLOTTE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Patricia S. Winston DATE: 4-15-99 DAYTIME PHONE #: (941) 629-2023

CR2E034 (11/98)