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Apr 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000017409 (1)  
1. Corporation Name:  
OCEAN ONE CYCLES, INC.



Principal Place of Business: 7380 MISSION HILLS DR. LAS VEGAS NV 89113 US  
Mailing Address: 7380 MISSION HILLS DR. 12305 ENDOR DRIVE LAS VEGAS NV 89113-1306 US

3. Date Incorporated or Qualified: 03/07/1994  
3a. Date of Last Report: 04/11/1996  
4. FEI Number: 65-0471706  
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21  
2a. Mailing Address: 26 131 EAST EXCHANGE AVENUE  
Suite, Apt. #, etc.: 22 SUITE 222  
City & State: 27 FORT WORTH, TX  
Zip: 24 76106-8244 Country: 29 US

9. Name and Address of Current Registered Agent  
WITTMER, STEVEN C  
SHARFF, WITTMER, KURTZ & JACKSON, P.A.  
4627 PONCE DE LEON BOULEVARD  
CORAL GABLES FL 33146

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Row 1: D, MARTIN, DONALD P, 131 E. EXCHANGE AVE SUITE 222, F. WORTH, TX 76106.

Table with 5 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and Change/Addition checkboxes. All fields are empty.

14. I do 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 sole 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 not in agreement with an address.

SIGNATURE: \_\_\_\_\_ DATE: 3-27-97 Daytime Phone #: 817-625-7050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)