

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **848294** (5)

1. Corporation Name

RIDE CORPORATION



Principal Place of Business

**15400 NW HWY. 27
OCALA FL 32675**

Mailing Address

**15400 NW HWY. 27
OCALA FL 32675**

3. Date Incorporated or Qualified
02/17/1981

3a. Date of Last Report
05/01/1995

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

4. FEI Number

59-2111432

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**EHNHOLT, MERCEDES
15400 NW HWY. 27
OCALA FL 32675**

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 607.1506, 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 (Section 607.0504, Florida Statutes)

Signature, typed or printed name of registered agent (Section 607.0504, Florida Statutes)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

**DEGWITZ, LUISA G
AVE CUATRICENTENARIA APT. 70
RESIDENCIAL ARAGUANAY, VEN**

STREET ADDRESS

CITY - ST - ZIP

TITLE

DST

☐ DELETE

NAME

**DEGWITZ DE JIMENEZ, ERIKA
URB. GUAPARO CALLE 157 #105-65
VALENCIA, VENEZUELA**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**CURACAO CORP COMPANY NV
HANDELSKADE 8
CURACAO, NETH ANTILE**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

**DEGWITZ, LUISELENA
15400 NW HWY 27
OCALA FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Luisa G. de Degwitz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/96

352-538-4976

CR2E034 (12/95)