

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 15 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 200836 (5)
 1. Corporation Name
 THE RIDGE, INC.



Principal Place of Business Mailing Address
 THE RIDGE CO-OP APTS THE RIDGE CO-OP APTS
 3401 S OCEAN BLVD 3401 S OCEAN BLVD
 HIGHLAND BEACH FL 33487-2584 HIGHLAND BEACH FL 33487-2584

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip Country 29 Zip Country 30

3. Date Incorporated or Qualified
 04/18/1957
 4. FEI Number 59-1206804 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 GALLOPO, CHARLES
 3401 SO OCEAN BLVD APT 3.
 HIGHLAND BEACH FL 33487

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)

12. OFFICERS AND DIRECTORS	
TITLE	ST <input type="checkbox"/> DELETE
NAME	GALLOPO, CHARLES
STREET ADDRESS	3401 SO OCEAN BLVD
CITY-ST-ZIP	HIGHLAND 33
TITLE	VD <input type="checkbox"/> DELETE
NAME	FRANK, ELEANOR
STREET ADDRESS	3401 S OCEAN BLVD
CITY-ST-ZIP	HIGHLAND BCH, FL 00000
TITLE	P <input type="checkbox"/> DELETE
NAME	EYPEL, ARTHUR G
STREET ADDRESS	3401-S OCEAN BLVD
CITY-ST-ZIP	HIGHLAND BCH, FL 00000
TITLE	PD <input type="checkbox"/> DELETE
NAME	CANTIN, EDMOND
STREET ADDRESS	90 BERLIOZ NUN ISLAND
CITY-ST-ZIP	MONTREAL, CANADA 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	HARDY, HAROLD
STREET ADDRESS	3401 S. OCEAN BLVD.
CITY-ST-ZIP	HIGHLAND BCH. FL.
TITLE	SD <input type="checkbox"/> DELETE
NAME	LIPMON, RICHARD
STREET ADDRESS	3401 SO. OCEAN BLVD
CITY-ST-ZIP	HIGHLAND BCH, FL 00000

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	
6.2 NAME	LIPPMAN, RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]* 7/4/98 (56) 379,2524

CR2E034 (5/98)