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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 200836
 1. Corporation Name
THE RIDGE, INC.



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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

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

3. Date Incorporated or Qualified
04/18/1957

4. FEI Number
59-1206804

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

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 reselecting)

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	SO	<input type="checkbox"/> DELETE
NAME	LIPPMAN, 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	DIRECTOR	<input checked="" 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	PRESIDENT	<input checked="" 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: Charles Gallopo 2/10/99 561-278-4801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)