

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 659783 (5)

1. Corporation Name

JON LUEHRS SPECTACULAR RIDES, INC.



Principal Place of Business

1820 SW 105 AVENUE
DAVIE FL 33324

Mailing Address

1820 SW 105 AVENUE
DAVIE FL 33324

3. Date Incorporated or Qualified
03/19/1980

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1977263

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUEHRS, JON
1920 SW 105 AVENUE
DAVIE FL 33324

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 officer 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 and the filer (if filer is not the registered agent)

(NOTE: Registered Agent Signature required when resigning)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

LUEHRS, JON

1920 SW 105 AVENUE

DAVIE FL

☐ DELETE

1. TITLE

☐ Change

☐ Addition

NAME

2. NAME

STREET ADDRESS

13. STREET ADDRESS

CITY - ST - ZIP

14. CITY - ST - ZIP

TITLE

S

LUEHRS, JOAN

1920 SW 105TH AVENUE

DAVIE FL

☐ DELETE

2. TITLE

☐ Change

☐ Addition

NAME

22. NAME

STREET ADDRESS

23. STREET ADDRESS

CITY - ST - ZIP

24. CITY - ST - ZIP

TITLE

VP

LUEHRS, JON J

1920 SW 105TH AVENUE

DAVIE FL

☐ DELETE

3. TITLE

☐ Change

☐ Addition

NAME

32. NAME

STREET ADDRESS

33. STREET ADDRESS

CITY - ST - ZIP

34. CITY - ST - ZIP

TITLE

VP

LUEHRS, KIM

1920 SW 105TH AVENUE

DAVIE FL

☐ DELETE

4. TITLE

☐ Change

☐ Addition

NAME

42. NAME

STREET ADDRESS

43. STREET ADDRESS

CITY - ST - ZIP

44. CITY - ST - ZIP

TITLE

V

LUEHRS, KEVIN

1920 SW 105 AVENUE

DAVIE FL 33324

☐ DELETE

5. TITLE

☐ Change

☐ Addition

NAME

52. NAME

STREET ADDRESS

53. STREET ADDRESS

CITY - ST - ZIP

54. CITY - ST - ZIP

TITLE

☐ DELETE

6. TITLE

☐ Change

☐ Addition

NAME

62. NAME

STREET ADDRESS

63. STREET ADDRESS

CITY - ST - ZIP

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: ✓

Joan Luehrs Sec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 5-27-96

Date

✓ 954-474-122

Daytime Phone #

CR2E034 (12/95)