FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 2:55

DOCUMENT # **F93000003083 (3)**

1. Corporation Name
INTERNATIONAL RIDES MANAGEMENT, LTD., INC.

Principal Place of Business	Mailing Address
4419 WEST HILLSBORO BLVD., SUITE 282 COCONUT CREEK FL 33073	4419 WEST HILLSBORO BLVD., SUITE 282 COCONUT CREEK FL 33073

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/06/1993
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business	2a. Mailing Address
21 7300 W. Camino Real	26 7300 W. Camino Real
Suite, Apt. #, etc. 22 Suite 215	Suite, Apt. #, etc. 27 Suite 215
City & State 23 Boca Raton, FL	City & State 29 Boca Raton FL
Zip 24 33433 Country 25 USA	Zip 29 33433 Country 30 USA

4. FEI Number: 16-1365721 ☐ 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

9. 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
ZWICKAU, BERND-PETER 4419 W. HILLSBORO BLVD., SUITE 282 COCONUT CREEK FL 33073	81 Name: ZWICKAU, Bernd-Peter 82 Street Address (P.O. Box Number is Not Acceptable): 7300 W. Camino Real 83 Suite 215 84 City: Boca Raton FL 85 Zip Code: 33433

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: [signature] B.P. ZWICKAU Jan 17 95
Signature, type or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, ROBERT N	1.2 NAME		
STREET ADDRESS	5725 MAIN STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	WILLIAMSVILLE NY 14221	1.4 CITY-ST-ZIP		
TITLE	VST	2.1 TITLE		☑ Change ☐ Addition
NAME	ZWICKAU, BERND-PETER	2.2 NAME		
STREET ADDRESS	4419 W. HILLSBORO BLVD., #282	2.3 STREET ADDRESS	7300 W. Camino Real Suite 215	
CITY-ST-ZIP	COCONUT CREEK FL 33073	2.4 CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	CD	3.1 TITLE		☑ Change ☐ Addition
NAME	ZWICKAU, BERND-PETER	3.2 NAME		
STREET ADDRESS	4419 W. HILLSBORO BLVD., #282	3.3 STREET ADDRESS	7300 W. Camino Real, Suite 215	
CITY-ST-ZIP	COCONUT CREEK FL 33073	3.4 CITY-ST-ZIP	Boca Raton, FL, 33433	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	PALMER, JAMES C	4.2 NAME		
STREET ADDRESS	3880 STRATFORD COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	PLEASANTON CA 94588	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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] B.P. ZWICKAU Jan 17 95 407-397-9049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OT16520 CP