

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 6/30/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 19 AM 10:50

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # F94000001820 (9)

1. Corporation Name
PERFORMANCE RIDES, INC.

Principal Place of Business Mailing Address
4419 W. HILLSBORO BLVD #282 COCONUT CREEK FL 33073 **4419 W. HILLSBORO BLVD #282 COCONUT CREEK FL 33073**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/11/1994** 3a. Date of Last Report
 4. FEI Number **16-1236938** 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

2. Principal Place of Business 2a. Mailing Address
 21 **7300 W. Camino Real** 26 **7300 W. Camino Real**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Suite 215** 27 **Suite 215**
 City & State City & State
 23 **Boca Raton, FL** 28 **Boca Raton, FL**
 Zip Country Zip Country
 24 **33433** 25 Country 29 **33433** 30 Country

9. Name and Address of Current Registered Agent
ZWICKAU, BERND-PETER
4419 W. HILLSBORO BLVD #282
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent
 81 Name
 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 607.0605, Florida Statutes.

SIGNATURE *[Signature]* DATE **July 17, 91**
Signature, typed or printed name of registered agent, and if applicable, (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PVC
NAME	PALMER, JAMES C
STREET ADDRESS	3880 STRATFORD COURT
CITY - ST - ZIP	PLEASANTON CA 94588
TITLE	VSTC
NAME	ZWICKAU, BERND-PETER
STREET ADDRESS	4419 W. HILLSBORO BLVD #282
CITY - ST - ZIP	COCONUT CREEK FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	7300 W. Camino Real Suite 215	
2.4 CITY - ST - ZIP	Boca Raton, FL 33433	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(b), 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]* DATE **July 17, 91** 407-392-9049
Signature and typed or printed name of signing officer or director (Daytime Phone #)

CR2E034 (3/95)