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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000000185 (6)

1. Corporation Name
METRO RIDE, INC.

Principal Place of Business
% BOCKHORST LAW OFFICES
135 WEST WELLS ST., STE. 506
MILWAUKEE WI 53203

Mailing Address
% BOCKHORST LAW OFFICES
135 WEST WELLS ST., STE. 506
MILWAUKEE WI 53203-1807



2. Principal Place of Business
21 26111 Antonio Parkway
Suite, Apt. #, etc.
22 City & State
23 Rancho Santa Margarita, CA
Zip 92688 Country USA
25
26 26111 Antonio Parkway
Suite, Apt. #, etc.
27 City & State
28 Rancho Santa Margarita, CA
Zip 92688 Country USA
29 30

3. Date Incorporated or Qualified 01/10/1996
3a. Date of Last Report N/A
4. FEI Number 41-1648379
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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	HIGGINS, THOMAS	
STREET ADDRESS	2230 S. HWY. 100	
CITY-ST-ZIP	ST. LOUIS PARK MN 55426	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BITENC, JOHN	
STREET ADDRESS	2230 S. HWY. 100	
CITY-ST-ZIP	ST. LOUIS PARK MN 55426	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MORTENSON, JAMES	
STREET ADDRESS	4805 PFLAUM ROAD	
CITY-ST-ZIP	MADISON WI 53704	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BOOK, ROBERT	
STREET ADDRESS	2230 S. HWY. 100	
CITY-ST-ZIP	ST. LOUIS PARK MN 55426	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	James L. Pierson	
1.3 STREET ADDRESS	26111 Antonio Parkway	
1.4 CITY-ST-ZIP	Rancho Santa Margarita, CA 92688	
2.1 TITLE	D/V/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marty Romell	
2.3 STREET ADDRESS	26111 Antonio Parkway	
2.4 CITY-ST-ZIP	Rancho Santa Margarita, CA 92688	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Linda DeJure c/o CMS Companies	
3.3 STREET ADDRESS	1926 Arch Street	
3.4 CITY-ST-ZIP	Philadelphia, PA 19103-1484	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William Landman c/o CMS Companies	
4.3 STREET ADDRESS	1926 Arch Street	
4.4 CITY-ST-ZIP	Philadelphia, PA 19103-1484	
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 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:

James L. Pierson 2-5-97

James L. Pierson

(714) 888-3283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (9/96)