FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

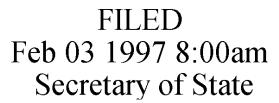
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F9600005380 (8)
INTERNATIONAL RIDES MANAGEMENT, LTD., INC. OF FLORIDA

Principal Place of Business	

Mailing Address





7900 W CAMIN BOCA RATON		7300 W CAMINO REAL #215 BOCA RATON FL 33433-5555								
						3. Date Incorporated or Qu 10/16/1996	alified	3a. Da	te of Le	st Report
	ace of Business	2a. Mailing Address				4. FEI Number		0/-		Applied For
21		26				±93:1112982 73	-110	1962		Not Applica
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desi	red	54		5 Additional e Required	
City & State		City & State				6. Election Campaign Finar Trust Fund Contribution	cing	Π,		00 May Be ded to Fees
Zip 24	Country 25	Zip 3	Country O	У		This corporation has liab Florida Statutes	<i>-</i>	Yes [] No	er s. 199.032,
	g, Name and Address of Currer	it Registered Agent				10. Name and Address of I	low Reg	jistered /	Agent	
ZWIC	CKAU, B PETER		81	١	Vame	•				
	OW CAMINO REAL #215 CA RATON FL 33433		82		Street Addre	ess (P.O. Box Number is Not A	cceptab	e)		
			83	1						
			84	1	Dity	<u> </u>		FL		Zip Code
11. Pursuant office or reagent 1 a	io the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig.						or the p		changi ointmen	ng its register t as registere
	Signature Typed or printed name of registered age			ent s	signature require	ed when reinstating)		DATE		
12.	DC OFFICERS AN	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO	OFFIC	ERS AND	DIREC Cha	The second second
TITLE	ZWICKAU, BERND-PETER	□ DETCIE								iğe Li Addı
NAME DIRECT ADDRESS	7300 W CAMINO REAL #215		1.2 NAME		DDCOC					
STREET ADDRESS	BOCA RATON FL 33433		1.3 STREET		1					
CITY-ST-ZIP TITLE	DC	DELETE	1.4 City - ! 2.1 Title		ar				☐ Cha	nge 🔲 Addi
NAME	PALMER, JAMES C		2.2 NAME							
SYREET ADDRESS	3880 STRATFORD CT		2.3 STREE		IORESS	÷				
CITY-\$1-ZIP	PLEASANTON CA 94588		2. 4 CITY-				•	. 1		
TITLE		DELETE	3.1 TITLE	<u> </u>	<u></u>	· · · · · · · · · · · · · · · · · · ·			Cha	nge Addi
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	CA T	ORESS					
CITY-ST-ZIP			3.4. CITY-	- ST- 2	ZIP					
TITLE		DELETE	4.1 TITLE						Cha	nge 🔲 Addi
NAME			4. 2 NAME	E						
STREET ADDRESS			4.3 STREE	T AD	DRESS					
CHTY-ST-ZIP			4.4 CITY-	ST-Z	ZIP					
TITLE		DELETE	51 TITLE						☐ Cha	nge 🔲 Addi
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	T AD	Dress					
CITY-ST-ZIP			5.4 CITY - 1	<u>\$1 - Z</u>	ZIP					
TITLE		☐ DELETE	6.1 TITLE				:		☐ Cha	nge Addi
NAME			6 2 NAME							
STREET ADDRESS			6.3 STREE	T AD	DRESS					
CITY-ST-ZIP			6.4 CITY -							
## Ldo boro	or cortily that the information currelies	d with this filing doos not qualify	for the eve	omr	otion stated	in Section 110 07(3)(i) Florida	Ctatuta	Liuribor	continu	that the

4. 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 Rivik 13 if changed, or on an attachment with an address.

SIGNATURE

B, PLT ZWENAU

AND TYPE THE PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Jan 2897

581-392-9049