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NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

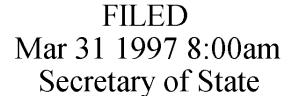


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N9400002708 (5) DOCUMENT



	RIDA, INC.			,					
Principal Place	of Business	Mailing Address						8 B348 11861 48 811 B	4101 (411 1881
5470 NW 106TH DRIVE CORAL SPRINGS FL 33071			5470 NW 106TH DRIVE CORAL SPRINGS FL 33076-2799						
						3. Date incorporated or Qualifie 05/26/1994	ed 3a . 1	Date of Last R 06/19/19 (eport 96
2. Principal Pla 21	ace of Business	2a. Mailing Addres	ss			4. FEI Number 65-0494929		 	plied For t Applicable
Suite, Apt. 1	t, etc.	Suite, Apt. #, e	itc.			E. Comition of Challes Designed		\$8.75	
22		27				5. Certificate of Status Desired	<u>.</u>	Fee Re	quired
City & State	1	City & State				6. Election Campaign Financing	· 🗆	\$5.00	
Z(p	Country	Zip	1 (Country		Trust Fund Contribution 8. This corporation has liability		Added t	
24	25	29	30			Florida Statutes		No.	100.002,
	9. Name and Address of Curi					10. Name and Address of New	Registere	d Agent	
				81 Na	me				
	, FREDERICK			82 Str	eet Addre	ss (P.O. Box Number is Not Accep	otable)		
5470 NW 106TH DRIVE CORAL SPRINGS FL 33071									
				84 Cit	у		F	85 Zip (Code
11. Pursuant t	o the provisions of Sections 617.0	502 and 617.1508. Florida	Statutes, the	ne above-nar	ned corpo	oration submits this statement for the	ne purpose	of changing it	s registered
office or re					corporatio	on's board of directors. I hereby ac	cept the ap	ppointment as	registered
OLONIATURE	o the provisions of Sections 617.0 egistered agent, or both, in the St in familiar with, and accept the ob		603, Florida	Statutes.					
SIGNATURE _	Signature typed or printed name of registered	agent and litle if applicable	(NOTE: Rege	stered Agent sign		d when reinstating)	DATE		
SIGNATURE _	Signature typed or printed name of registered OFFICERS /	agent and little if applicable	(NOTE: Regis	stered Agent sign			DATE	ND DIRECTOR	RS IN 12
SIGNATURE _	Signature typed or printed name of registered OFFICERS J	agent and litle if applicable	(NOTE: Regel	stered Agent sign 13.		d when reinstating)	DATE		RS IN 12
SIGNATURE _ 12. TITLE NAME	Signature typed or printed name of registered OFFICERS J DP MCLEOD, FRIEDERICK	agent and little if applicable	(NOTE: Regid	istered Agent sign 13. 1.1 TITLE 1.2 NAME	ature required	d when reinstating)	DATE	ND DIRECTOR	RS IN 12
SIGNATURE	OFFICERS J DP MCLEOD, FRIEDERICK 5470 N.W. 106 DR	agent and little # applicable AND DIRECTORS DEL	(NOTE: Regis	stered Agent sign 13.	ature required	d when reinstating)	DATE	ND DIRECTOR	RS IN 12
SIGNATURE _ 12. TITLE NAME	Signature typed or printed name of registered OFFICERS J DP MCLEOD, FRIEDERICK	agent and little # applicable AND DIRECTORS DEL	(NOTE: Region	stered Agent sign 13. 1.1 TELE 1.2 NAME 1.3 STREET ADDR	ature required	d when reinstating)	DATE	ND DIRECTOR	RS IN 12
SIGNATURE	OFFICERS A OFFICERS A DP MCLEOD, FRIEDERICK 5470 N.W. 106 DR CORAL SPRINGS FL 33071 TD MARSH, DESMOND	agent and little if applicable AND DIRECTORS DEL	(NOTE: Regel	stered Agent sign 13. 1.1 TrTLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP	ESS	d when reinstating) ADDITIONS/CHANGES TO OI	DATE	ND DIRECTOR Change	RS IN 12
SIGNATURE	OFFICERS J DP MCLEOD, FRIEDERICK 5470 N.W. 106 DR CORAL SPRINGS FL 33071 TD MARSH, DESMOND 1041 N.W. 689 AVE.	agent and little if applicable AND DIRECTORS DEL	(NOTE: Regel	stered Agent sign 13. 1.1 THLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 THLE	ESS	d when reinstating) ADDITIONS/CHANGES TO OI	DATE	ND DIRECTOR Change Change	RS IN 12 Addition
SIGNATURE	OFFICERS A DP MCLEOD, FRIEDERICK 5470 N.W. 106 DR CORAL SPRINGS FL 33071 TD MARSH, DESMOND 1041 N.W. 689 AVE. 180	egent and little # applicable AND DIRECTORS DEL	(NOTE: Regel	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.3 STREET ADDR 2.4 CITY-ST-ZIP	ESS TO	d when reinstating)	DATE	ND DIRECTOR Change Change	RS IN 12 Addition
SIGNATURE	OFFICERS A DP MCLEOD, FRIEDERICK 5470 N.W. 106 DR CORAL SPRINGS FL 33071 TD MARSH, DESMOND 1041 N.W. 689 AVE. 186 SD	agent and little if applicable AND DIRECTORS DEL	(NOTE: Regel	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE	ESS TO	d when reinstating) ADDITIONS/CHANGES TO OI	DATE	ND DIRECTOR Change Change	RS IN 12 Addition
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