SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000003045 (9)

INDEPENDENT M/C RIDERS, INC.



FILED

Sep 23 1997 8:00am

Secretary of State

Principal Place of Business					Mailing Address				A NORTH OF STATE OF THE STATE O		
9691 NW 25 COURT					9691 NW 25 COURT						
SUNRISE FL 33322				SUNRISE FL 33322					DO NOT WRITE IN THIS COACE		
									DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report		
									06/06/1006		
2. Principal Pla	ce of Busin	ACC		2a M	failing Address				7077		
2. Principal Place of Business					⊢ •				дрива тог		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					Not Applicable		
—				27					5. Certificate of Status Desired \$8.75 Additional		
City & State				City & State					Fee Required		
23				28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country				Zip Country			trv				
24	ŀ	25	h	29	K	30	,		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes XNo		
		ame and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
						8	H	Name	, or real production of the first transfer regular		
DARRISAV	ALVIN A				•	L	⅃.				
DARRISAW, ALVIN 9691 NW 25 COURT					82			Street A	Address (P.O. Box Number is Not Acceptable)		
SUNRISE FL 33322					83						
SUMMISE	LL OSSEE						3				
						8	4	City	85 Zip Code		
*									 - _ 		
11. Pursuant to	the provisi	ons of Sectio	ns 617.0502 ar	id 617.	.1508, Florida Statu	tes, the abo	ve-	named o	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
agent. I am	familiar wit	h, and accer	ot the obligation	ns of, S	Section 617.0503, FI	lorida Statut	es.	ine corpe	orations board or directors. Thereby accept the appointment as registered		
SIGNATURE											
Š:	ignature, typed		registered agent an			TE: Registered A	\gent	t signatura re	required when reinstating) DATE		
12.	,	OFF	ICERS AND DI	RECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE (2"					L DELETE	1.1 TITLE	Ē	11	P - D Change Maddition		
NAME !		•	•	•		1.2 NAM	E	- 16	ALVIN DARRISAW_		
STREET ADDRESS (•			1.3 STRE	ET A	DDRESS C	9691 NW 25-COURT		
CITY-ST-ZIP	<u></u>					1.4 CITY	-ST-	· ZIP 💆	BUMBISE, F1. 33322		
TITLE 1					☐ DELETE	2.1 TITLE		١	V - D □ Change □ Astriton		
NAME			i			2.2 NAM	E	le	ÖSSIE MUNEAL		
STREET ADDRESS 1	٠,	•				2.3 STRE	ET A		3911 NW 171 TERR		
CITY-ST-ZIP	e thirds	1 1-1	Burn of	., .	•	2. 4 CITY	/- ST	· ZIP	MIAMI, F1 33055		
TITLE				•	☐ DELETE	3.1 TITLE	_	Ÿ	Change Attition		
NAME (: :		;		3.2 NAM	E	[6	BANDER DARRISAW		
STREET ADDRESS						3.3 STRE	FT AI		9691 NW 25 COURT		
CITY-ST-ZIP						3.4. CfTY			SUNTRISE, F1. 33322		
TITLE	A summary	i <u>-</u>			DELETE	4.1 TITLE	_		D Change Addition		
NAME	. ,		• •			4. 2 NAM			, – – –		
STREET ADDRESS 2		1		•		4.3 STRE			TOMMIE HUDSOM		
F .				•	•				200		
CITY-ST-ZIP TITLE			<u>مرمیمنیک</u> به با		There is	4.4 CITY		-			
			,		☐ OECETE	5.1 TITLE			SANDRA HUDSON SANDRA HUDSON 1104 NW 74 AVE ORT LAUDERDAIE FI		
NAME	4					5.2 NAMI		þ	SIANIOCIA DAS AUG-		
STREET ADDRESS 1	No. 25.2					5.3 STRE		DDRESS /	1104 MW 1 HAVE		
CITY-ST-ZIP	. <u></u>	<u>- </u>		<u> </u>		5.4 CITY		ZIP	FORT LAUDERDAIE FI		
TITLE					☐ DELETE	6.1 TITLE		l	Change Addition		
HAME						6.2 NAMI	Ē				
STREET ADDRESS						63 STRE	ET A[DDRESS			
CITY-ST-ZIP						6.4 CiTY	·ST-	ZIP			

14. I do hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 If changed, or or an attachment with an address.