

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90038 024 ***158.75

DOCUMENT # P94000022737

1. Corporation Name

RIDE AND DREAM, INC.

Principal Place of Business

**416-418 NORTH FEDERAL HWY (U.S. 1)
FT. LAUDERDALE FL 33301**

Mailing Address

**135 ROSE BRIAR DR
LONGWOOD FL 32750
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1994

4. FEI Number

59-3233113

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATTI, CRISTOPH A
416-418 NORTH FEDERAL HWY (US 1)
FT. LAUDERDALE FL 33301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

2/28/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **MATTI, CHRISTOPH A**
STREET ADDRESS **2910 NE 15TH TERR**
CITY-ST-ZIP **OAKLAND PARK FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DVT** ☐ DELETE
NAME **FERNANDEZ, SILVIA**
STREET ADDRESS **2910 NE 15TH TERR**
CITY-ST-ZIP **OAKLAND PARK FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **MATTI, KENETH**
STREET ADDRESS **17 AVE. 2ND REINE**
CITY-ST-ZIP **1180 BXL BELGIUM**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **Simon Henley**
STREET ADDRESS **5629 Palmwood DR**
CITY-ST-ZIP **Orlando, FL 32839**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Simon E. Henley**
4.3 STREET ADDRESS **5629 Palmwood DR**
4.4 CITY-ST-ZIP **Orlando, FL 32839**

TITLE **S, T** ☐ DELETE
NAME **Barbara A. Sullivan**
STREET ADDRESS **135 Rose Briar Drive**
CITY-ST-ZIP **Longwood, FL 32750**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **S, T**
5.3 STREET ADDRESS **Barbara A. Sullivan**
5.4 CITY-ST-ZIP **135 Rose Briar Drive**
5.5 CITY-ST-ZIP **Longwood, FL 32750**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-28-99

Date

407-834-7384

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034.(1/98)

0073953