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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1998	DIVISION OF C	CORPORATIONS	Secretary (of State
DOCUMENT # P9400051096 (3) RIDE ELECTRONICS, INC.					BUTTO NOT BEING (BUTTON)
Principal Place	e of Business	Mailing Address			11101 11611 60114 10116 3111 1101
1505 S. E. 40TH STREET 1505 S. E. 40TH STREET				}	
UNIT E UNIT E				DO NOT WRITE IN TH	IS SPACE
CAPE CORAL FL 33904 CAPE CORAL FL 33904				3. Date Incorporated or Qualified	IO OF AGE
				07/11/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0505284	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State				6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	9. Name and Address of Currer	29 29	30	Personal Property Tax due June 30. 10 Name and Address of New Registers	Yes No
50		it negistered Agent	81 Name	10. Marie and Address of New Registers	su Agent
SCALISE, FRANK M.					
UNIT E			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	-
CAPE CORAL FL 33914			83		, , , , , , , , , , , , , , , , , , ,
			84 City		85 Zip Code
			1 1 7		· L '
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 have by accept the appointment as registered agent. I am familiar with, and accept the obligations of, Seyton 607,005, Florida Statutes.					
agent. I a	m tamiliar with, and accept the oblig				1-98
SIGNATURE	Signature, typed or printed name of registured agr	1 Me accele	E; Registered Agent signature requi		/ - / 0
12	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	VSTD	DELETE	1.1 TITLE	•	Change Addition
NAME	SCALISE, FRANK M		1.2 NAME		
STREET ADDRESS	2234 S. W. 51ST STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL	T prierr	1.4 CITY-ST-ZIP		= TO Oba TO Addition
TITLE		☐ DELETE	2.1 TITLE		Change
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS	1	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-2IP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE NAME *		T perete	5.1 TITLE : 5.2 NAME		The custodes The ventions
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6 2 CTREET ADOPTES		

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:

SIGNATURE:

FILED

Feb 06 1998 8:00am