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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90236 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P 95000061371 ✓**
 1. Corporation Name
American Riders Motorcycle Club, INC.

Principal Place of Business Mailing Address
~~6451 NW 22nd St. Sunrise FL 33313~~ ~~6451 N.W. 22nd St. Sunrise FL 33313~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
8/07/1995

2. Principal Place of Business 2a. Mailing Address
21 9331 N.W. 26th St. **26 9331 N.W. 26th St.**

4. FEI Number Applied For
650 625 852 Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State **St. Lauderdale, FL** 28 City & State **St. Lauderdale, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip **33322** 25 Country **Broward** 29 Zip **33322** 30 Country **Broward**

8. This Corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
Florence Martin
2851 N. Oakland For. Dr.
303
Oakland Pk. FL 33309

10. Name and Address of New Registered Agent
 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

12. OFFICERS AND DIRECTORS

TITLE	Norman Pustolino	<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Ken Mednick	<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Lisa Bender	<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer Florence Martin	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	2851 N. Oakland For. Dr. # 303	
CITY-ST-ZIP	Oakland Pk, FL 33309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Medigen	
1.3 STREET ADDRESS	665 N.W. 30 Ct.	
1.4 CITY-ST-ZIP	Wilton Manors, FL 33311	
2.1 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William Martin	
2.3 STREET ADDRESS	2851 N. Oakland For. Dr. #303	
2.4 CITY-ST-ZIP	Oakland Pk, FL 33309	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Charlotte Ogden	
3.3 STREET ADDRESS	4425-A Treehouse Lane	
3.4 CITY-ST-ZIP	Tamarac, FL 33319	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Sr. Captain	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Joanne Napoli	
5.3 STREET ADDRESS	9331 N.W. 26th St.	
5.4 CITY-ST-ZIP	St. Lauderdale FL 33322	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Florence M. Martin* **Florence Martin** 4/26/99 954-733-5568
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #