

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

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.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
St. Lauderdale, FL

27 City & State
St. Lauderdale, FL

23 Zip
33322

Country
Broward

28 Zip
33322

Country
Broward

4. FEI Number

650 625 852

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

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Florence Martin
2851 N. Oakland For. Dr.
303
Oakland Pk. FL 33309

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Norman Pontolino** ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Robert Medigen**
1.3 STREET ADDRESS **665 N.W. 30 St.**
1.4 CITY-ST-ZIP **Wilton Manors, FL 33311**

TITLE **Ken Mednick** ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **Vice-President** ☒ Change ☐ 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**

TITLE **Lisa Bender** ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE **Secretary** ☒ Change ☐ Addition
3.2 NAME **Charlotte Ogden**
3.3 STREET ADDRESS **4425-A Treehouse Lane**
3.4 CITY-ST-ZIP **Tamarac, FL 33319**

TITLE **Treasurer** ☐ DELETE
NAME **Florence Martin**
STREET ADDRESS **2851 N. Oakland For. Dr. #303**
CITY-ST-ZIP **Oakland Pk, FL 33309**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **Sr. Captain** ☒ Change ☐ Addition
5.2 NAME **Joanne Napoli**
5.3 STREET ADDRESS **9331 N.W. 26th St.**
5.4 CITY-ST-ZIP **St. Lauderdale FL 33322**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 #