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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000065873 (8)**

1. Corporation Name

**PLEASURE RIDERS OF PLANTATION INC.**



Principal Place of Business

**6741 NW 27TH STREET  
SUNRISE FL 33313**

Mailing Address

**6741 NW 27TH STREET  
SUNRISE FL 33313**

3. Date Incorporated or Qualified

**08/25/1995**

3a. Date of Last Report

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

**TESTA, HILDA  
6741 NW 27TH STREET  
SUNRISE FL 33313**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**PD  
TESTA, HILDA  
6741 NW 27TH STREET  
SUNRISE FL 33313**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**VD  
PAHL-PARKS, DEVON  
136 WIMBLEDON LAKE DRIVE  
PLANTATION FL 33324**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**SD  
POLVIALE, SHERRY L  
309 NW 95TH AVENUE  
PLANTATION FL 33324**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**TD  
LAZZARINO, CAROL  
9380 NW 13TH STREET  
PLANTATION FL 33322**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

**VD  
SHERRY MAONO  
1900 SW 145TH AVENUE  
DAVIE FL 33325**

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

**SD  
HILDA TESTA  
6741 NW 27TH STREET  
SUNRISE FLORIDA 33313**

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

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

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Hilda Testa* **Hilda Testa**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/28/96*  
Date

*954-572-7638*  
Daytime Phone #

CR2E034 (12/95)