

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

FILED  
Feb 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/25/1995**

4. FEI Number

**65-0613289**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 **11301 NW 19th Str.**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **11301 NW 19th Str.**  
Suite, Apt. #, etc.

22 City & State  
23 **Plantation, FL**  
Zip Country  
24 **33323** 25 **Broward**

27 City & State  
28 **Plantation, FL**  
Zip Country  
29 **33323** 30 **Broward**

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 **Mia Hewett**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**11301 NW 19th Street**  
83  
84 City **Plantation** FL 85 Zip Code **33323**

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

*Mia Hewett*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TESTA, HILDA	
STREET ADDRESS	6741 NW 27TH STREET	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LAZZARINO, CAROL	
STREET ADDRESS	9380 NW 13TH STREET	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mia Hewett	
1.3 STREET ADDRESS	11301 NW 19th Street	
1.4 CITY-ST-ZIP	Plantation, FL 33323	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Penny Bolt	
2.3 STREET ADDRESS	13941 SW 22nd Place	
2.4 CITY-ST-ZIP	Davie, FL 33325	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kathy Fanucci	
3.3 STREET ADDRESS	11601 NW 18th Ct.	
3.4 CITY-ST-ZIP	Plantation, FL 33323	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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.

SIGNATURE:

*Mia Hewett*

2-24-98 1-954 4749079

CP2E034 (10/97)