

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

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**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000083762 (1)
1. Corporation Name
GLIDER RIDES OF AMERICA, INC.



Principal Place of Business: 817 NW 1 ST FT LAUDERDALE FL 33311
Mailing Address: 817 NW 1 ST FT LAUDERDALE FL 33311

3. Date Incorporated or Qualified: 10/30/1995
3a. Date of Last Report: 08/05/1996
4. FEI Number: 65-0617698
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. 2633 Lantana Rd
22. Suite, Apt. #, etc. Suite 3
23. City & State Lantana FL
24. Zip 33462
25. Country Palm Beach
26. Mailing Address 1206 S. Lake Dr
27. Suite, Apt. #, etc. # 405
28. City & State Lantana FL
29. Zip 33460
30. Country USA

9. Name and Address of Current Registered Agent
SCHREIBER, JOHN
817 NW 1 ST
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent
81. Name Gary Gallagher
82. Street Address (P.O. Box Number is Not Acceptable)
83. SAME
84. City
85. Zip Code FL

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: *Gary Gallagher* DATE: 4/27/97

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCHREIBER, JOHN	
STREET ADDRESS	817 NW 1 ST	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	PST	<input type="checkbox"/> DELETE
NAME	GALLAGHER, GARY	
STREET ADDRESS	1206 S LAKE DRIVE #405	
CITY - ST - ZIP	LANTANA FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 do 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: *Gary Gallagher* SIGNATURE REQUIRED DATE: 4/27/97

CR2E034 (9/96)