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Feb 11 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 # P95000096045 (6)

1. Corporation Name
SAFE RIDE SERVICES, INC.



Principal Place of Business
235 N UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

Mailing Address
235 N UNIVERSITY DRIVE
PEMBROKE PINES FL 33024-6715

3. Date Incorporated or Qualified 12/12/1995	3a. Date of Last Report 06/27/1996
4. FEI Number 86-0644802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

UDELL, MICHAEL B
235 N UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPENCER, JACK	1.2 NAME	LEWIS LEVY
STREET ADDRESS	12285 E CORTEZ	1.3 STREET ADDRESS	9979 E CHARTER OAK
CITY-ST-ZIP	SCOTTSDALE AZ 85259	1.4 CITY-ST-ZIP	SCOTTSDALE, AZ 85258
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVY, LEWIS	2.2 NAME	FRANK ANGELO
STREET ADDRESS	9979 E CHARTER OAK	2.3 STREET ADDRESS	1302-A 28th Ave West
CITY-ST-ZIP	SCOTTSDALE AZ 85258	2.4 CITY-ST-ZIP	PALMISTO, FL 34221
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFE, PAT	3.2 NAME	PAT WOLFE
STREET ADDRESS	3326 S MARGO	3.3 STREET ADDRESS	3326 S MARGO
CITY-ST-ZIP	TEMPE AZ 85282	3.4 CITY-ST-ZIP	Tempe, AZ 85282
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPALINSKI-LEVY, URSULA	4.2 NAME	
STREET ADDRESS	9979 E CHARTER OAK	4.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ 85258	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

PAT WOLFE

2/3/97 602-314-6788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)