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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P970000UZ310

StylRide, Inc. Principal Place of Business Mailing Address 156 NW 78th Terrace Broward Co. DO NOT WRITE IN THIS SPACE Margate, FL 33063 3. Date Incorporated or Qualified 2a. Mailing Address 2. Principal Place of Business Applied For 9702H Not Applicable Suite, Apt #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year Intangible 45 24 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Fillings IInc. 3732 NW 16th 5treet 83 Fort Land, FL 33311 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. Lan familia: with Annel accept the objigations of, Section 607 0505, Florida Statutes. KNOHTNA SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11 1:116 Change Addition J.Flanigan Blaje 5. Flanigan P.O. Box 220547 Hollywood, FL 33022 NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP Margate IFL 1.4 C(1Y - S? - Z)P DELETE TITLE 2.1 1016 Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 Ci1Y - \$1 - ZIP TITLE DFLETE Change 3.1 111116 ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE TITLE Change 4.1 TIBLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY- \$1 - ZIP DELETE TITLE 5 1 11/11 Addition

***158.75 6.4 CITY ST-ZIP 14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this regort as required by Chapter 607, Florida Statutes; and that my name appears in

5.2 NAME

61 THLE

6.2 NAME

□ DEL€TE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

5. Flangan, Prox 4/25/98 (954) 351-0595

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FILED

May 01 1998 8:00am

Secretary of State

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Addition