PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000053424

A BETTER RIDE, INC.

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90179 043 ***150.00

A DETTE	ar moe, avo.							
Principal Place of Business		Mailing Address				1 (80/500) 310 (Q10) (Q1) 065H 08H 1		1991 6161 (441
40 N.E. 7TH AVENUE 3RD FLOOR DELRAY BEACH FL 33483		40 N.E. 7TH AVENUE 3RD FLOOR DELRAY BEACH FL 33483			DO NOT WRITE IN THIS SPACE			
					-	3. Date incorporated or Qualifed		1
		1 a 16 % add				06/15/1998		-ti-d Faa
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number 65 - 084459	6 No	oplied For ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$8.75 . Fee Re	Additional equired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23	•	28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	,		8. This corporation owes the curren	t year Intangible	
24	25	29	0			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent	81		. 1	(0. Name and Address of New Rec	gistered Agent	
FILINGS, INC. 3732 N.W. 16TH STREET				Name Street	Address	thony S. Turner (P.O. Box Number is Not Acceptable	e)	
5732 N.W. 1614 STREE1 FT. LAUDERDALE FL 33311-4132			L.	40 NE 72 Ave 3rd Floor				
F1. L	AUDITUALE FL 33311-4132		83					
			84	1 7	elran	Beach	- IFIL 431	Code 183
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, if 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 nappe of registered agent	Anthony S.	~~			en reinstating)	4/30/99	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	DRS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			phony S. Turner	Change	Addition
NAME:	TURNER, ANTHONY S			1.2 NAME		thony J. Turner	od er	•
STREET ADDRESS 40 N.E. 7TH AVENUE 3RD FLOOR			1.3 STREET ADDRESS			10 NE 74 AVE, 3	= Ploor	
CITY-ST-ZIP	DELRAY BEACH FL 33483		1.4 CITY-S	T-ZIP)۔ ``	Jelray Beach, FL 3	3483_	
TITLE	D	DELETE	2.1 TITLE		_	والمتعالي المتعالي ال	Change	☐ Addition
NAME	ELLERSTEIN, DAVID	• •	2.2 NAME					
STREET ADDRESS	40 N.E. 7TH AVENUE 3RD FLO	OR	2.3 STREE	TADDRESS				ļ
CITY-ST-ZIP	DELRAY BEACH FL 33483		2.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY- 9	ST-ZIP				
TITLE	☐ DELETE		4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE	☐ DELETE		5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME				•	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	<u> </u>	, . <u></u>		
TITLE .		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				

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 of 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 for on attachment with an address, with all other like empowered.

SIGNATURE:

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 561-278-1130

CR2E034 (11/98)