FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996										
DOCU	JMENT	# V6635	50 (2	2)							
		RIDES, INC.		·							
Principal Pla	ice of Business		Mailing Address				I IBBA DAIDA GARD I	IIIO HIJOF OMAI		ON BURNEYA	01011 01011 1001
5240 KATHLEEN ROAD LAKELAND FL 33809		5240 KATHLEEN ROAD LAKELAND FL 33809									
US			U\$				3. Date Incorporated of 10/01/1992	or Qualified		te of Last R	
Principal	Place of Busin		2a. Mailing Addr	ess			4. FEI Number				Applied For
			26				59-3144233				Not Applicable
_ Suite, Ap]	ol. #, etc.		Suite, Apt. #,	, etc.			5. Certificate of Status	Desired			Additional Required
City & St	ate		City & State				6. Election Campaign I	Financino			May Be
]		·	28				Trust Fund Contribu	ution		Adde	to Fees
Zφ d		Country 25	Zip 29	-	Country 30	1	This corporation has Florida Statutes		intangible t	tax under s	199.032,
·	g Name	and Address of Curre		13	30]		10. Name and Addres			Agent	
			·		81	Name					
	S, JOHN PAL				82	Street Addr	ress (P.O. Box Number is N	lot Acceptab	yle)		
		RIDA AVENUE			-			· · · · · · · · · · · · · · · · · · ·			
LAKEL	AND FL 338	113			83						
						1					
					84	City			EI	85 Zij	Code
11. Pursuar	nt to the provis	ions of Sections 607.050	02 and 607.1508, Florid	a Statutes,			ration submits this statemen	nt for the pur	FL rpose of ch	_	
11. Pursuar or regis familiar	nt to the provis lered agent, or with, and acce	ions of Sections 607.050 both, in the State of Fio act the obligations of, Sec	02 and 607.1508, Florida rida. Such change was ction 607.0505, Florida	a Statutes, authorized Statutes.			ration submits this statemen and of directors. I hereby acc	nt for the pur ept the app		_	
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raminar BIGNATURE 	with, and acce	opt the obligations of, Sec	ut and the manercable	Statutes.	the above- by the corn	named corpor poration's boa	od when reinstating!		rpose of ch ointment a	anging its r s registered	egistered office agent. I am
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cath; 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: