

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94884** (6)
1. Corporation Name
RIDDAR PRODUCTION INC.



Principal Place of Business: **38 OSPREY ST. SAFETY HARBOR FL 34695**
Mailing Address: **38 OSPREY ST. SAFETY HARBOR FL 34695**

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

3. Date Incorporated or Qualified: **08/17/1982**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2524287**
Applied For: Not Applicable
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

9. Name and Address of Current Registered Agent

ASP, ANDERS
38 OSPREY STREET
SAFETY HARBOR FL 34695

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

11. Pursuant to the provisions of Sections 607.0502 and 607.5001, 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 a 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 of individual who is authorized to file this report: _____ Date: _____

OFFICERS AND DIRECTORS

12. TITLE	P	<input type="checkbox"/> DELETE
NAME	ASP, ANDERS	
STREET ADDRESS	38 OSPREY ST.	
CITY- ST- ZIP	SAFETY HARBOR FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ASP, KERSTI	
STREET ADDRESS	38 OSPREY ST.	
CITY- ST- ZIP	SAFETY HARBOR FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MUELLER, ROBERT J	
STREET ADDRESS	38 OSPREY ST.	
CITY- ST- ZIP	SAFETY HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply with the exemption stated in Section 119.07(3)(k), 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: *Anders Amy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
813-789-1998

CR2E034 (12/95)