

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 379059 (9)

1. Corporation Name

ADVENTURER'S CLUB, INC.



Principal Place of Business

Mailing Address

**1100 8TH AVE SOUTH
NAPLES FL 33940**

**1100 8TH AVE SOUTH
NAPLES FL 33940**

3. Date Incorporated or Qualified **03/22/1971** 3a. Date of Last Report **03/31/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 **c/o BARBARA EDGAR**
Suite, Apt #, etc.

22 City & State

27 **6101 14TH AVE SW**
City & State

23 Zip

Country

28 **NAPLES FL**
Zip Country

24

25

29 **34116**

30

4. FEI Number **59-1444326** 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

10. Name and Address of New Registered Agent

**KIESTER, JULIANA M.
4100 CORPORATE SQUARE #172
NAPLES FL 33942**

81 Name **BARBARA EDGAR**
82 Street Address (P.O. Box Number is Not Acceptable) **6101 14TH AVE SW**
83
84 City **NAPLES** **FL** 85 Zip Code **34116**

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 *Barbara Edgar* **BARBARA EDGAR** DATE **06/17/96**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, KAY	
STREET ADDRESS	1100 8TH AVE S	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ISCHINGER, AL	
STREET ADDRESS	1100 8TH AVE S. #312B	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WINTER, MARIANNE	
STREET ADDRESS	1100 8TH AVE S. #129K	
CITY-ST-ZIP	NAPLES FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	HUSTON, CHARLES	
STREET ADDRESS	1100 8TH AVE SO #123-F	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEE, ELY	
STREET ADDRESS	1100 8TH AVE S #204-A	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VIVIAN, VIRGINIA	
STREET ADDRESS	1100 8TH AVE S #213B	
CITY-ST-ZIP	NAPLES FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	VPD
23 STREET ADDRESS	BACKOS, CATHERINE
24 CITY-ST-ZIP	1100 8TH AVE S #325G NAPLES FL 33940
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	D
33 STREET ADDRESS	GAFFNEY, JOHN
34 CITY-ST-ZIP	1100 8TH AVE S #108C NAPLES FL 33940
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	D
53 STREET ADDRESS	O'CONNOR, EDMUND
54 CITY-ST-ZIP	1100 8TH AVE S #329-K NAPLES FL 33940
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Catherine Backos **CATHERINE BACKOS**

DATE **06/17/96** FILE NO. **941-434-2977**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)