

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jun 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000051661 (3)

1. Corporation Name

ADVENTURE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1791 KILLARNEY DRIVE  
WINTER PARK FL 32789  
US

P.O. BOX 2003  
WINTER PARK FL 32790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1995

4. FEI Number

59-3333914

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BESKE, ROBERT S.  
1791 KILLARNEY DRIVE  
WINTER PARK FL 32789

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 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	BESKE, ROBERT S.
STREET ADDRESS	P.O. BOX 2003
CITY-ST-ZIP	WINTER PARK FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	BESKE, BETTY C.
STREET ADDRESS	P.O. BOX 2003
CITY-ST-ZIP	WINTER PARK FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	CHIROGIANIC, SHERI
STREET ADDRESS	944 MILLENBECK
CITY-ST-ZIP	DELTONA FL
TITLE	S <input type="checkbox"/> DELETE
NAME	RHODES, TAMAMI
STREET ADDRESS	P.O. BOX 2003
CITY-ST-ZIP	WINTER PARK FL
TITLE	T <input type="checkbox"/> DELETE
NAME	HILL, SHERRIE
STREET ADDRESS	P.O. BOX 2003
CITY-ST-ZIP	WINTER PARK FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	MATSON, DARLENE
STREET ADDRESS	P.O. BOX 2003
CITY-ST-ZIP	WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1791 KILLARNEY DR.
1.4 CITY-ST-ZIP	WINTER PARK, FL. 32789
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	N/A
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	N/A
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	N/A
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	N/A
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	N/A
6.4 CITY-ST-ZIP	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/98 407-645-2710  
Date Daytime Phone # 0078762

CR2E034 (10/97)