

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 30, 1999 8:00 am  
Secretary of State

06-30-1999 90012 001 \*\*\*550.00

DOCUMENT # P95000051661 ✓

1. Corporation Name

ADVENTURE ENTERPRISES, INC.

Principal Place of Business

1791 KILLARNEY DRIVE  
WINTER PARK FL 32789  
US

Mailing Address

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

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

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 607.1508, 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 ☐ DELETE

NAME  
P  
BESKE, ROBERT S.  
STREET ADDRESS  
1791 KILLARNEY DR  
CITY-ST-ZIP  
WINTER PARK FL 32789

TITLE ☐ DELETE

NAME  
VP  
BESKE, BETTY C.  
STREET ADDRESS  
P.O. BOX 2003  
CITY-ST-ZIP  
WINTER PARK FL

TITLE ☐ DELETE

NAME  
VP  
CHIROGIANIC, SHERI  
STREET ADDRESS  
944 MILLENBECK  
CITY-ST-ZIP  
DELTONA FL

TITLE ☐ DELETE

NAME  
S  
RHODES, TAMIAMI  
STREET ADDRESS  
P.O. BOX 2003  
CITY-ST-ZIP  
WINTER PARK FL

TITLE ☐ DELETE

NAME  
T  
HILL, SHERRIE  
STREET ADDRESS  
P.O. BOX 2003  
CITY-ST-ZIP  
WINTER PARK FL

TITLE ☐ DELETE

NAME  
VP  
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)