

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

**FILED**  
**May 05 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 # P96000090683 (9)**

1. Corporation Name  
**ALLISON GOLDEN ADVENTURES, INC.**



Principal Place of Business Mailing Address  
~~610 W. EDWARD MCLEOD, P.A.~~  
~~801 S. ORANGE AVE., SUITE 1010~~  
~~ORLANDO FL 32801~~  
~~610 W. EDWARD MCLEOD, P.A.~~  
~~801 S. ORANGE AVE., SUITE 1010~~  
~~ORLANDO FL 32801~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 24831 NE 136 <sup>th</sup> LANE		26		11/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3441669	
City & State		City & State		Applied For	
23 SALT SPRINGS, FL		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32134		29		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
25 MARION		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
MCLEOD, W. EDWARD ESQ.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
801 SOUTH ORANGE AVENUE- SUITE 1010				ORLANDO FL 32801	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCLEOD, W. EDWARD ESQ.				81 Name			
801 SOUTH ORANGE AVENUE- SUITE 1010				82 Street Address (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32801				1551 Sandspur Rd.			
				83			
				84 City			
				Maitland			
				FL			
				85 Zip Code			
				32751			

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: *W. Edward McLeod* DATE: *2/6/98*

Signature, typed or printed name of registered agent, and date of appointment. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, RANDALL L	1.2 NAME	
STREET ADDRESS	4740 N.W. 64TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, GREGORY A	2.2 NAME	
STREET ADDRESS	27 REDWOOD TRACK PASS	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34472	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Randall Jones* *4127100 (20) 407-9819*

CR2E034 (10/97)