

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 352652

(2)

1. Corporation Name

ADVENTURER'S INN, INC.

FILED  
95 JAN 27 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

|                                                                                                         |                                               |                                                                                                                                                             |  |                                                 |                                       |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|---------------------------------------|
| Principal Place of Business<br>C/O SYLVIA KRIEGER<br>1401 SOUTH OCEAN BLVD.<br>BOCA RATON FL 33432-8081 |                                               | Mailing Address<br>C/O GELBER/APPEL & CO<br>285 NW 199 ST., #204<br>MIAMI FL 33169<br>US                                                                    |  | 3. Date Incorporated or Qualified<br>09/23/1969 | 3a. Date of Last Report<br>03/16/1994 |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.                                                | 2a. Mailing Address<br>26 Suite, Apt. #, etc. | 4. FEI Number<br>59-1280137                                                                                                                                 |  | Applied For<br>Not Applicable                   |                                       |
| 23 City & State                                                                                         | 27 City & State                               | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                   |  | \$8.75 Additional Fee Required                  |                                       |
| 24 Zip                                                                                                  | 25 Country                                    | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          |  | \$5.00 May Be Added to Fees                     |                                       |
| 29 Zip                                                                                                  | 30 Country                                    | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                                 |                                       |

## 9. Name and Address of Current Registered Agent

KRIEGER, SYLVIA  
1401 SOUTH OCEAN BLVD.  
BOCA RATON, FL. 33422

## 10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               |             |
| FL                                                    | 85          |

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 re-registering)

DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|---------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | PST                 | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | KRIEGER, SYLVIA     | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 1401 S. OCEAN BLVD. | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | BOCA RATON FL       | 1.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | D                   | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | KRIEGER, SYLVIA     | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 1401 S. OCEAN BLVD. | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | BOCA RATON FL       | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | D                   | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | KRIEGER, BERNARD    | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 1401 S. OCEAN BLVD. | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | BOCA RATON FL       | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | D                   | 4.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GARDNER, JUDITH K.  | 4.2 NAME                                              | DELETE                                                                       |
| STREET ADDRESS             | 40 PRENTISS LANE    | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | BELMONT-MA          | 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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

Date

Signature (Typed)