

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

FILED  
Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **364947** (2)  
1. Corporation Name  
**ADVENTURE TRAVELS OF POMPAÑO BEACH, INC.**

Principal Place of Business <b>2451 EAST ATLANTIC BOULEVARD POMPAÑO BEACH FL 33062</b>	Mailing Address <b>2451 EAST ATLANTIC BOULEVARD POMPAÑO BEACH FL 33062</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified <b>06/02/1970</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-1301511</b>	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
g. Name and Address of Current Registered Agent <b>COOPER, WILLIAM F. 2451 E. ATLANTIC BLVD. POMPAÑO BEACH FL 33062</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SVD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, KATHRYN ANNE	Secretary	1.2 NAME		
STREET ADDRESS	3700 NE 30TH AVENUE	Vice President	1.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PT FL		1.4 CITY-ST-ZIP		
TITLE	PTD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, WILLIAM F	President	2.2 NAME		
STREET ADDRESS	3700 NE 30TH AVENUE	Treasurer	2.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PT FL		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, MARK S.	Vice President	3.2 NAME		
STREET ADDRESS	3700 NE 30TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PT FL		3.4 CITY-ST-ZIP		
TITLE	Marcia A Cooper	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3700 N.E. 30 Ave	Vice President	4.2 NAME		
STREET ADDRESS	Lighthouse Point, Fl 33064	Sales & Marketing	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	Keri Ballback	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2451 E. Atlantic Blvd	Executive Vice President	5.2 NAME		
STREET ADDRESS	Pompano Beach, Florida 33062	Asst Secretary	5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	Linda Freels, CTC	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2451 E. Atlantic Blvd	Vice President, Operations	6.2 NAME		
STREET ADDRESS	Pompano Beach, Florida 33062		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:

*Win 7*  
**WILLIAM F COOPER** 1/5/98 9549422300  
PRESIDENT

CR2E034 (10/97)