

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
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90066 004 ***150.00

DOCUMENT # 364947

1. Corporation Name

ADVENTURE TRAVELS OF POMPANO BEACH, INC.

Principal Place of Business

2451 EAST ATLANTIC BOULEVARD
POMPANO BEACH FL 33062

Mailing Address

2451 EAST ATLANTIC BOULEVARD
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1970

4. FEI Number

59-1301511

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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

COOPER, WILLIAM F.
2451 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062

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 SVP ☐ DELETE

NAME COOPER, KATHRYN ANNE

STREET ADDRESS 3700 NE 30TH AVENUE

CITY-ST-ZIP LIGHTHOUSE PT FL

TITLE PT ☐ DELETE

NAME COOPER, WILLIAM F

STREET ADDRESS 3700 NE 30TH AVENUE

CITY-ST-ZIP LIGHTHOUSE PT FL

TITLE VP ☐ DELETE

NAME COOPER, MARK S.

STREET ADDRESS 3700 NE 30TH AVENUE

CITY-ST-ZIP LIGHTHOUSE PT FL

TITLE VPSM ☒ DELETE

NAME COOPER, MARCIA A

STREET ADDRESS 3700 NE 30TH AVE

CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE EVPS ☐ DELETE

NAME BALLBACK, KERI

STREET ADDRESS 2451 E ATLANTIC BLVD

CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE VPO ☐ DELETE

NAME FREELS, LINDA C

STREET ADDRESS 2451 E ATLANTIC BLVD

CITY-ST-ZIP POMPANO BCH FL 33062

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

Vice President

Glenda Clark

2451 E. Atlantic Blvd

Pompano Beach, Florida 33062

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

APRIL 1, 1999

954 942 2300

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