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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995			FLORIDA DEPARTMENT OF STATE Sandra B. Martin Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 527002 (0)			
1. Corporation Name GREAT ADVENTURES, INC.			

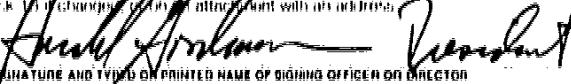
Principal Place of Business		Mailing Address	
601 N. LOIS P.O. BOX 24292 TAMPA FL 33623-4292		601 N. LOIS P.O. BOX 24292 TAMPA FL 33623-4292	
2. Principal Place of Business:		2d. Mailing Address:	
21	Suite Apt. # 4th	26	Suite Apt. # 4th
City & State		City & State	
23	24	28	29
Ab	25	Zip	30
9. Name and Address of Current Registered Agent			
GOODMAN, HAROLD 4226 BRIARBERRY LN TAMPA FL 33624			
10. Name and Address of New Registered Agent			
B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code FL			

11. Pursuant to the provisions of Sections 607.0507 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 607.0508, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
>Title	NAME STREET ADDRESS CITY, ST, ZIP	1. NAME 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
>Title	NAME STREET ADDRESS CITY, ST, ZIP	5. NAME 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
>Title	NAME STREET ADDRESS CITY, ST, ZIP	9. NAME 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
>Title	NAME STREET ADDRESS CITY, ST, ZIP	13. NAME 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
>Title	NAME STREET ADDRESS CITY, ST, ZIP	17. NAME 18. NAME 19. STREET ADDRESS 20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
>Title	NAME STREET ADDRESS CITY, ST, ZIP	21. NAME 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 119.07(8)(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 power 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 changes were made in connection with an address.

SIGNATURE:  President **5/1/95 (813) 874-8866**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR