

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 692722
Corporation Name

SUNDANCE EXPEDITIONS, INC.

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90005 033 ***558.75



Principal Place of Business
66 CAYMAN LANE
SUMMERLAND KEY FL 33042

Mailing Address
27366 CAYMAN LANE
SUMMERLAND KEY FL 33042
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2111041	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHORTON, G. PAUL
27366 CAYMAN LANE-RAMROD
SUMMERLAND KEY FL 33042

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

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.

GNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

E	DPS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AE	WHORTON, G PAUL		1.2 NAME	
EET ADDRESS	27366 CAYMAN LANE - RAMROD		1.3 STREET ADDRESS	
ST-ZIP	SUMMERLAND KEY FL		1.4 CITY-ST-ZIP	
E		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AE			2.2 NAME	
EET ADDRESS			2.3 STREET ADDRESS	
ST-ZIP			2.4 CITY-ST-ZIP	
E		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AE			3.2 NAME	
EET ADDRESS			3.3 STREET ADDRESS	
ST-ZIP			3.4 CITY-ST-ZIP	
E		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AE			4.2 NAME	
EET ADDRESS			4.3 STREET ADDRESS	
ST-ZIP			4.4 CITY-ST-ZIP	
E		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AE			5.2 NAME	
EET ADDRESS			5.3 STREET ADDRESS	
ST-ZIP			5.4 CITY-ST-ZIP	
E		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AE			6.2 NAME	
EET ADDRESS			6.3 STREET ADDRESS	
ST-ZIP			6.4 CITY-ST-ZIP	

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:

[Signature] PRESIDENT 7/3/99 (305)872-3995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)