

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F19603 (2)**

1. Corporation Name
BALLOON ADVENTURES, INCORPORATED



Principal Place of Business: **WM. HOWARD SOLOMON, 6110-7 POWERS AVE., JACKSONVILLE FL 32217**
Mailing Address: **WM. HOWARD SOLOMON, 6110-7 POWERS AVE., JACKSONVILLE FL 32217**

3. Date Incorporated or Qualified: **02/12/1981**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2067625**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 1625 Emerson St., Jacksonville, FL 32207, Duval**
2a. Mailing Address: **26 Same**
22. Suite, Apt. #, etc.:
27. Suite, Apt. #, etc.:
23. City & State: **28 Jacksonville, FL**
24. Zip: **25 32207**
29. Zip: **30**

9. Name and Address of Current Registered Agent:
**SOLOMON, WM. HOWARD
6110-7 POWERS AVE.
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent:
81. Name: **Same**
82. Street Address (P.O. Box Number is Not Acceptable): **1625 Emerson St.**
83.
84. City: **Jacksonville** FL 85. Zip Code: **32207**

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: *Howard Solomon* Date: **5-20-96**

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	SOLOMON, WM HOWARD	
STREET ADDRESS	6110-7 POWERS AVE.	
CITY - ST - ZIP	JACKSONVILLE, FL 32207	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Same	
1.3 STREET ADDRESS	1625 Emerson St.	
1.4 CITY - ST - ZIP	Jacksonville, FL 32207	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Howard Solomon* Date: **5-20-96** (904) 399-2882

CR2E034 (12/95)