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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Scorelary of State DIVISION OF CORPORATIONS

DOCUMENT # F19603

(2)

BALLOON ADVENTURES, INCORPORATED

FILED Apr 29 1997 8:00am Secretary of State



				<u> </u>	ELEN BLOK BLOK BYEN	DIBLE BURNE (BB)
Principal Place of Business	Mailing Address			1 (481188 1505 (1878 18116 8111) 88100 1111 81811 61811 61811 61811 61811 61811		
N WM. HOWARD SOLOMON	% WM. HOWARD S			1		
1825 EMERSON ST. JACKSONVILLE FL 32207	1625 EMERSON ST. Jacksonville Fl.:					
US SECOND	US US	0220, 0100		3. Date Incorporated or Qualified	3a. Date of La	ist fleport
				02/12/1981	05/24/199) 6
2. Principal Place of Business	2a. Mailing Addres	s		4. FEI Number		Applied For
21	26			59-2067625		Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, e	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Addition		
22	27				Fe	e Required
City & State	hq '	City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Count		Zip Country		Trust Fund Contribution	LJ Added to Fees	
24 25	29	30	У	8. This corporation has liability for Florida Statutes	intangible tax und Yes 🔲 No	ler s. 199.032,
	ess of Current Registered Agent			10. Name and Address of New Re		
SOLOMON, WM. HOWAI	RD	8	1 Name		×	
1625 EMERSON ST.			<u> </u>	(1.6) D. M. T. S. M. A.		
JACKSONVILLE FL 3220	7	8:	Z Street Add	fress (P.O. Box Number is Not Acceptat	ж	
	•	8:	3			
		<u> </u>				
		8-	4 City		FL 85	Zip Code
11. Pursuant to the provisions of Sec	tions 607.0502 and 607.1508, Florida	Statutes, the abo	ve-named cor	poration submits this statement for the pation's board of directors. I hereby acce		ng its registered
office or registered agent, or bot	h, in the State of Florida. Such change copt the obligations of, Section 607.05	c was authorized b x05, Florida Statute	by the corpora	ation's board of directors. I hereby acce	ot the appointmen	it as registered
SIGNATURE	oom to transport and on observation do not	,00,1 ionada oldida				
Signature, typed or printed name	ie of registers diagont and title if applicable	(NO1E: Registered A	gent signature requ	uired when reinstating)	BATE	
	DEFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE PST	☐ DELE	TE 111TLE			Cha	nge 🗌 Addition 🛭 🗟
NAME SOLOMON, WM H		1.2 NAME				18
STREET ADDRESS 1625 EMERSON S		1.3 STREE	EL ADDRESS			{
CITY-ST-ZIP JACKSONVILLE, F		1.4 CITY-	S1 - 7IP			
TITLE	[DECE	TE 2.1 THLE			L Char	nge L. Addition C
NAME		2.2 NAM:				
STREET ADDRESS		2.3 STREE	ET ADDRESS			
CITY-ST-ZIP		2. 4 CITY	· SI · ZIP			
TITLE	LJ DELE				L_J Cha	nge L Addition
NAME		3.2 NAME	i			
STREET ADDRESS			(1 ADDRESS			Į
CITY-ST-ZIP	Free	3.4. CBY	-S1-7IP			ngo Addition
TITLE	LI DELE				☐ Cha	nge L Addition
NAME		4 2 NAM				
STREET ADDRESS			ET ADDRESS			
CITY-ST-ZIP	T tyrin	4.4 City			T cha	nno Taddition
TITLE	DE41				L Cha	nge L Addition
NAME		5.2 NAME	ì			\ -
STREET ADDRESS			ET ADDRESS			
City-St-ZiP	DILE	5.4 Offy	- \$1 - ZIP			nge Addition
TITLE	0.00				L Cha	ngo 🗀 Addition
NAME		6.2 NAME				
STREET ADDRESS			ET ADDRESS			+
CITY-ST-ZIP	nation outsided with the films does as	6.4 CITY		ord in Contine 110 07/9V/) Florido Circus	o Hurther coda	that the
TA. I DO Nereby certify that the inform	nanon suppiled with this filing does no	st quality for the ex	cempuon state	ed in Section 119.07(3)(i), Florida Statute	is, i turther certify.	that the

If annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I To Trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

4-21-97 (904)395-2882