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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90058 019 ***150.00

DOCUMENT # F19603 1. Corporation Name

BALLOON ADVENTURES, INCORPORATED

Principal Place of Business		Mai	Mailing Address									
% WM. HOWARD SOLOMON			% WM. HOWARD SOLOMON									
1625 EMERSON ST. JACKSONVILLE FL 32207			1625 EMERSON ST. JACKSONVILLE FL 32207					DO NOT WRITE IN THIS SPACE				
US		ÜS					3. Date	3. Date Incorporated or Qualifed				
							02/1	2/1981				
2. Principal Pl	lace of Business	. 2a.	Mailing Address				4. FEI N			Ap	plied For	
21		26	26				59-2	067625	<u></u>		t Applicable_	=
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Certif	cate of Status Desired	ı 🗆	\$8.75		
22		27					-		· · · · · · · · · · · · · · · · · · ·	Fee Re		
City & State			City & State				1	on Campaign Financi	ng 🗆	\$5.00	,	
23		[28[Fund Contribution		Added t	o rees	
	Zip Country		Zip Cou				I	corporation owes the conal Property Tax.	current year in	tangible ☐ Yes	□No	
24	9. Name and Address	29	lared Agent	30				e and Address of Ne	w Registered			
	9. Name and Address	or Current Regist	raied Agent		81	Name	10. 110	<u> </u>	<u></u>	-		
SOLO	OMON, WM. HOWARD				82							
1625 EMERSON ST.						Street A	ddress (P.O. Bo	ox Number is Not Acco	eptable)]	
	KSONVILLE FL 32207				83							
										1L (
					84	City			FL	85 Zip (ode	
			37 4500 El : 1- Ot-1-4		<u> </u>	•	otion outr	nite this statement for	the number of	changing its	registered	
office or r	to the provisions of Section egistered agent, or both, in m familiar with, and accept	the State of Florid the obligations of,	a. Such change was a Section 607.0505, Flo	uthorized orida Stat	d by t tutes.	-named co	ration's board o	r directors. I hereby at	cept the appo	f changing its intment as re	registered gistered	
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 suppliemental annual report of 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 of th

6.4 CITY-ST-ZIP

SIGNATURE: