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FILED  
May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G04728

(3)

1. Corporation Name

ADVENTURE WORLD TRAVEL, INC.

Principal Place of Business

SUITE #40 HARBOUR TOWN MALL  
913 GULF BREEZE PKWY ST.40  
GULF BREEZE FL 32561

Mailing Address

SUITE #40 HARBOUR TOWN MALL  
913 GULF BREEZE PKWY ST.40  
GULF BREEZE FL 32561

3. Date Incorporated or Qualified

10/18/1982

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2230500

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

DEDOLPH, CARLA C.  
274 SEVERIN  
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME DEDOLPH, CARLA C  
STREET ADDRESS 274 SEVERIN  
CITY- ST- ZIP PENSACOLA, FL 00000

TITLE V  
NAME HICKEY, RAY  
STREET ADDRESS 1810 E. BOBE STREET  
CITY- ST- ZIP PENSACOLA FL

TITLE Sharon Wiegner  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE Sharon Petrovich  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME  
1.3 STREET ADDRESS 3032 Quiet Water Lane  
1.4 CITY- ST- ZIP Gulf Breeze FL 32561

2.1 TITLE Treasurer  
2.2 NAME  
2.3 STREET ADDRESS 3032 Quiet Water Lane  
2.4 CITY- ST- ZIP Gulf Breeze FL 32561

3.1 TITLE V-President  
3.2 NAME Sharon Wiegner  
3.3 STREET ADDRESS 2884 Whisper Lake Dr.  
3.4 CITY- ST- ZIP Gulf Breeze FL 32561

4.1 TITLE Sec.  
4.2 NAME Sharon Petrovich  
4.3 STREET ADDRESS 2019 Augusta Ave  
4.4 CITY- ST- ZIP Pensacola FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do 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:

CARLA C. DEDOLPH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97

Date

Daytime Phone #

0514775

CR2E034 (9/96)