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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # G04728

1. Corporation Name

ADVENT	URE WORLD TRAVEL, INC.				
Principal Place of Business Mailing Address) (48)(() 88() 88() 8(8() 108) 1316 sien eign eign eign eign eign eign
Suite #40 Har 913 Gulf Bree Gulf Breeze 1	RBOURTOWN MALL EZE PKWY ST.40 Fl 32561	SUITE #40 HARBOURTOWN MALL 913 GULF BREEZE PKWY ST.40 GULF BREEZE FL 32561			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 10/18/1982
2 Principal D	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21	ace of Eddiness	26			59-2230500 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	5. Certifcate of Status Desired \$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution LI Added to Fees
Zip	Country	Zip	_ Country	<i>f</i>	This corporation owes the current year Intangible
24	25	29 3	0		Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
DEDA	OLPH, CARLA C.		81		
274	SEVERIN		82 Street Ad		Address (P.O. Box Number is Not Acceptable)
PENS	SACOLA FL 32503		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					required when reinstating) DATE
12.	Signature, typed or printed name of registered agent	D DIRECTORS	13.	in alguature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	□ DELETE	1,1 TITLE		Change Addition
NAME	DEDOLPH, CARLA C	<u></u>	1.2 NAME		
1	3232 QUIET WATER LANE		•	T ADDRESS	
STREET ADDRESS					<u>'</u>
CITY-ST-ZIP	GULF BREEZE FL	DELETE	1.4 CITY-S 2.1 TITLE	11-21	☐ Change ☐ Addition
TITLE	•		2.2 NAME		
NAME	HICKEY, RAY 3232 QUIET WATER LANE			T ADDRESS	
STREET ADDRESS	· · · · · · · · · · · · · · ·		2.4 CITY-		
CITY-ST-ZIP	GULF BREEZE FL VP	☐ DELETE	3.1 TITLE	\$1.77L	Change Addition
NAME	WIEGNER, SHARON		3.2 NAME		
	2889 WHISPER LAKE DR		1	T ADDRESS	
STREET ADDRESS	GULF BREEZE FL			ST-ZIP	,
CITY-ST-ZIP TITLE	S	DELETE	4.1 TITLE	0: 2.	Change ☐ Addition
NAME	PETROVICH, SHARON		4. 2 NAME		Todoloh, Carla
STREET ADDRESS	2019 AUGUSTA AVE			T ADORESS	Sodolph, Carla 3232 Quiet Waterlane Guif Broeze Pl 30561
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-1		Guil Broeze Pl 30561
TITLE	, choricos () c	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	8
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
OTDEET ADDRESS			6.3 STREI	T ADDRESS	

14. 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: ______

STREET ADDRESS

CITY-ST-ZIP

May 01, 1999 8:00 am Secretary of State

05-01-1999 90022 021 ***150.00