FILE NOW: FILING FEE AFTER MAY 1 IS $.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J46108** **(3)**

1. Corporation Name
ADVENTURES IN PARADISE, INC.

Principal Place of Business
~~2329 WOOSTER LANE~~
~~STE - 3~~
SANIBEL ISLAND FL 33957
US

Mailing Address
~~2329 WOOSTER LANE~~
~~STE - 3~~
SANIBEL ISLAND FL 33957
US

3. Date Incorporated or Qualified: 12/09/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 2353 PERIWINKLE
22 Suite, Apt. #, etc. #104
23 City & State SANIBEL ISLAND, FL
24 Zip 33957
25 Country LEE

2a Mailing Address
26 2353 PERIWINKLE
27 Suite, Apt. #, etc. #104
28 City & State SANIBEL ISLAND, FL
29 Zip 33957
30 Country LEE

4. FEI Number 59-2740071 — 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
STEWART, CRAIG R.
464 CASA YBEL RD.
SANIBEL FL 33957

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the [illegible] 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 (type or printed name of registered agent) (NOTE: Signature required when terminating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	☐ DELETE
NAME	STEWART, CRAIG R.	
STREET ADDRESS	464 CASA YBEL RD.	
CITY-ST-ZIP	SANIBEL ISLAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1		☐ Change ☐ Addition
ADDRESS		
ST-ZIP		
2		☐ Change ☐ Addition
ADDRESS		
ST-ZIP		
3		☐ Change ☐ Addition
ADDRESS		
ST-ZIP		
4		☐ Change ☐ Addition
ADDRESS		
ST-ZIP		
5		☐ Change ☐ Addition
ADDRESS		
ST-ZIP		
6		☐ Change ☐ Addition
ADDRESS		
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 if changed, or on an attachment with an address.

SIGNATURE: Craig R. Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 941-472-8443
Date Daytime Phone #

CR2E034 (12/95)