FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	JAL REPORT 1996	Secretary DIVISION OF C			
DOCUN 1. Corporation	MENT # J5864	7 (5)			
ADVEN	TURES UNLIMITED TRAVE	L. INC.			
				I ARTONIA ANGLARIA I ANGLANIA ANGLARIA	NA BANDAHA SAKA BANDARAN AND BANDARAN
Principal Place	of Business	Mailing Address			
% DAWN ELAINE TALBOT % DAWN ELAINE TALBOT			•		
49 SW MONTERY ROAD. SUITE 62 STUART FL 34994 US		49 SW MONTERY RD STE 62 STUART FL 34994 US			
				3. Date Incorporated or Qualified	3a. Date of Last Report
6 Division 100	(D)			02/20/1987	01/13/1995
2. Principal Pta 	ace of business	2a. Mailing Address		4. FEI Number 59-2780512	Applied For Not Applicable
Suite, Apt.#	, etc	Suite, Apt. #, etc.			s 9 75 Additional
22		27		5. Certificate of Status Desired	Fee Required
Orty & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
<i>Z</i> (p)	Country	Zip	Country	This corporation has liability for it	Added to Fees
24	25	29	30	Florida Statutes Yes	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent
THEOT	DAMBI PLANE		81 Name		
TALBOT, DAWN ELAINE 49 SW MONTERY ROAD, SUITE 62			82 Street Add	ress (P.O. Box Number is Not Acceptabl	θ
SUITE 7	HONTENT HOAD, SUITE OF		83		
	FL 34994				
			84 City		FL 85 Zip Code
11. Pursuant to or registers	of the provisions of Sections 607.05%	and 607.1508, Florida Statutes,	the above-named corpo	ration submits this statement for the purp and of directors. I hereby accept the appo	cose of changing its registered office
familiar wit	n, and accept the obligations of Secti	27,0005, Florida Statutes.	0-1 h-4	and on an account of the cappe	/19/96
SIGNATURE	NOUWY C - WELL Signature, typical or printed majoritim	and the it acrossable NOTE	aine Talbot Hogistered Agrici signature require		7 1 9 / 9 O
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TIFLF	P AURINI DIOLIADO D	DELETE	1 1 TITLE		Change Addition
NAME	NUNN, RICHARD R. 4311 SE GENEVA DRIVE		1.2 NAME		
STHEET ADDRESS CITY+ST+ZIP	STUART FL		1.3 STREET ADDRESS		
1011	ST	DELETE	1.4 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME	TALBOT, DAWN ELAINE		2 2 NAME		_ • •
STREE! ACCURESS	4311 SE GENEVA DRIVE		2 3 STREET ADDRESS		
CHY ST-ZIP	STUART FL	Dolere	2 4 CITY - ST - ZIP		5.5
T TLE NAMÉ	NUNN, PEGGY A.	DETELE	3 1 TITLE 3 2 NAME		☐ Change ☐ Addition
STREET ADDRESS	4311 SE GENEVA DRIVE		3.3 STREET ADDRESS		
City - \$1 - 7 P	STUART FL		3 4 CITY - ST - ZIP		
THEF		☐ DELETE	4 1 THLE		☐ Change ☐ Addition
NAM:			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY ST ZIP TITLE		DELETE	4.4 C(TY-ST-Z)P 5.1 T(TLE	***************************************	Change Addition
N4M?			52 NAME		
STEFF LEADURESS			5 3 STREET ADDRESS		
CITY ST ZIP		C DELETE	5 4 CiTY - ST - ZIP		
TITLE NAME		☐ DELETE	6 1 TITLE 62 NAME		☐ Change ☐ Addition
STHEET ADDRESS			6.3 STREET ADDRESS		

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: \mathscr{A}

School R. June Rich
Rich Rich Rich Rich Richard R. Nunn

2/19/96 407 286 0777

Daytime Phone #

CR2E034 (12/95)