FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:40

DOCUMENT # J65847 (2)

1. Corporation Name
ADVENTURE VACATION RENTALS, INC.

Principal Place of Business
% THOMAS COOK ERB
2383 SOUTHWEST ARCHER ROAD
GAINESVILLE FL 32608-1024

Mailing Address
% THOMAS COOK ERB
2383 SOUTHWEST ARCHER ROAD
GAINESVILLE FL 32608-1024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/01/1987
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business (21)
2a. Mailing Address (26): P.O. Box 140297
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28): GAINESVILLE, FL
Zip (24)
Country (25)
Zip (29): 32614-0297
Country (30)

4. FEI Number: 59-2817073 — 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
ERB, THOMAS COOK
2383 SOUTHWEST ARCHER ROAD
GAINESVILLE FL 32602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 10915 SW 16 ST
83
84 City: MICANOPY FL 85 Zip Code: 32667

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 resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ERB, THOMAS COOK
STREET ADDRESS	RT.1, BOX 281-42
CITY-ST-ZIP	MICCANOPY FL
TITLE	VP
NAME	BURKE, THOMAS EDWARD
STREET ADDRESS	301 MANHATTON AVE.
CITY-ST-ZIP	DAYTONA BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	☒ Change ☒ Addition
1.2 NAME	
1.3 STREET ADDRESS	10915 SW 16 ST
1.4 CITY-ST-ZIP	MICANOPY FL 32667
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	1290 GREENWOOD ST
2.4 CITY-ST-ZIP	TITUSVILLE FL 32780
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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 this 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: _____ Thomas C. Erb 904-376-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034780 CP