

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 6/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT 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 JUL -3 AM 8:25

DOCUMENT # J95527 (4)

1. Corporation Name
ADVENTURE TRAVEL I, CORP.

Principal Place of Business Making Address
DAVID A MCKIBBIN C/O ADORNO & ZEDER 2001 S BAYSHORE DR #1000 MIAMI FL 33133 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/30/1987** 3a. Date of Last Report **04/19/1994**
4. FEI Number **65-0004554** Applied For Not Applicable
5. Certificate of Status Duesed **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s. 190.012 Florida Statutes Yes No

2. Principal Place of Business 2a. Making Address
21. Surt. Apt. #, etc. 26. Surt. Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
MCKIBBIN, DAVID A C/O ADORNO & ZEDER 2001 S BAYSHORE DR #1000 MIAMI FL 33133

10. Name and Address of New Registered Agent
81. Name **MCKIBBIN, DAVID A**
82. Street Address (P.O. Box Number is Not Acceptable) **5225 COLLINS AVENUE**
83.
84. City **MIAMI BEACH** FL 85. Zip Code **33140**

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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSEN, BETTE L.	1.2 NAME	
STREET ADDRESS	9541 N.E. 2 AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SHORES FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALONI, JAQUELYN D.	2.2 NAME	
STREET ADDRESS	9541 N.E. 2 AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SHORES FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASSETER, KIM D.	3.2 NAME	
STREET ADDRESS	9541 N.E. 2 AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SHORES FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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: *Bette L. Andersen* **RESIDENT** 26 JUN 95 305/767-3477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER
BETTE L. ANDERSEN, PRESIDENT

CR2E034 (3/95)