

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K92834** (6)

1. Corporation Name

ADVENTURE CATAMARAN TOURS, INC.



Principal Place of Business

Mailing Address

231 MARGARET ST
KEY WEST FL 33040
US

PO BOX 6126
KEY WEST FL 33041-6126
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

06/05/1989

3a. Date of Last Report

05/12/1995

4. FEI Number

54-0324251

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

JACKSON, THOMAS A
620 ASHE ST
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name, of registered agent and title, if applicable.

(NOTE: Registered Agent signature requires 1 when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY - ST - ZIP DELETE

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP Change Addition

STD JACKSON, DENISE PO BOX 6126 N/A KEY WEST FL

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP Change Addition

DVP KINCAID, LARRY D 1114 PACKER KEY WEST FL

P.O. Box 6126

PD JACKSON, TOM PO BOX 6126 N/A KEY WEST FL

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP Change Addition

TITLE NAME STREET ADDRESS CITY - ST - ZIP DELETE

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP Change Addition

TITLE NAME STREET ADDRESS CITY - ST - ZIP DELETE

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP Change Addition

TITLE NAME STREET ADDRESS CITY - ST - ZIP DELETE

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas A. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-96

305-294-7877

Date

Exchange Phone #

CR2E034 (3/96)