

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 08 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # K92834
 1. Corporation Name

(6)

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

2a. Mailing Address:

21 State: Apt., etc.
 22 City & State
 23 Zip County
 24

26 State: Apt., etc.
 27 City & State
 28 Zip County
 30

9. Name and Address of Current Registered Agent

JACKSON, THOMAS A
 620 ASHE ST
 KEY WEST FL 33040

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 607.05(1) and 607.05(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent to be the agent of this corporation in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of this corporation with a mailing address of the above address in section 607.05(2), Florida Statutes.

SIGNATURE: *Thomas A. Jackson*

9-22-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	STD	DATE
NAME	JACKSON, DENISE	
STREET ADDRESS	PO BOX 6126 N/A	
CITY STATE	KEY WEST FL	
TITLE	DVP	DATE
NAME	KINCAID, LARRY D	
STREET ADDRESS	P.O. BOX 6126	
CITY STATE	KEY WEST FL	
TITLE	PD	DATE
NAME	JACKSON, TOM	
STREET ADDRESS	PO BOX 6126 N/A	
CITY STATE	KEY WEST FL	
TITLE		DATE
NAME		
STREET ADDRESS		
CITY STATE		
TITLE		DATE
NAME		
STREET ADDRESS		
CITY STATE		

TITLE	DATE	Change	Add
NAME			
STREET ADDRESS			
CITY STATE			
TITLE	DATE	Change	Add
NAME			
STREET ADDRESS			
CITY STATE			
TITLE	DATE	Change	Add
NAME			
STREET ADDRESS			
CITY STATE			

14. I hereby certify that the information supplied with this filing is true and correct 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 trustee 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 from an association with an address.

SIGNATURE: *Thomas A. Jackson*

9-22-98 305-294-7877

06 OCT 1998