FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90004 044 ***150.00

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DOCUMENT #	140024
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ADVENTURE INTO COMICS, INC.

Principal Place of Business 1033 E SEMORAN BLVD STE 141 CASSELBERRY FL 32707 US 2. Principal Place of Business 24. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country Zip Country Zip Country Zip Country 29 30 Suite, Apt. # Country 3. Date Incorporated or Qualifed 12/22/1989 4. FEI Number 59-2980050 5. Certifcate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution 9. Name and Address of Current Registered Agent KLEM, CHRISTOPHER E. 1033 E SEMORAN BLVD STE 141 CASSELBERRY FL 32707 Mailing Address 4. FEI Number 59-2980050 5. Certifcate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Personal Property Tax. 9. Name and Address of Current Registered Agent KLEM, CHRISTOPHER E. 1033 E SEMORAN BLVD STE 141 CASSELBERRY FL 32707 84 City	Control of the Registered	\$8.75 Fee F \$5.00 Addec	Applied For Not Applicable Additional Required May Be d to Fees
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STE 141 CASSELBERRY FL 32707			
CASSELBERRY FL 32707		 _	
84 City		1221 -	-
J j	FL	85 Zip	Code
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 reinstating)	DATE		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFF	FICERS AN		
TITLE DELETE 1.1 TITLE		Change	e 🔲 Addition
NAME KLEM, CHRISTOPHER E. 12 NAME			
STREET ADDRESS 1033 E SEMORAN BLVD STE 141 1.3 STREET ADDRESS			
CITY-ST-ZIP CASSELBERRY FL 1.4 CITY-ST-ZIP		[] Chan-	- F1 Addition
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NAME 6.2 NAME			
STREET ADDRESS 6.3 STREET ADDRESS			
CITY-ST-ZIP 6.4 CITY-ST-ZIP			

indicated on this annual report or supplied will this limit does not quality for the exemption stated in Section 1.19.07(5)(f). Florida Statutes: I remark 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 of 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 changes for on an attachment with an address, with all other like empowered.

URE CHRISTOPHER E. KLEY, DY

SIGNATURE: