## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 MENT # L69811

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DOCUMENT #

Principal Place of Business

ADVENTURE AMERICA, INC.

Mailing Address	
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6600 STATE RD 16 6600 STATE RD 16 ST AUGUSTINE FL 32092 ST AUGUSTINE FL 32092 3. Date Incorporated or Qualified 3a. Date of Last Report 04/30/1990 07/31/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Maling Address 59-3046582 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zio Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GOODMAN, JONATHAN H. 82 Street Address (P.O. Box Number is Not Acceptable) 1377 CASSAT AVE. 83 JACKSONVILLE FL 32205 Zıp Çode 85 City

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	ignature, typed or printed home of regelerent agent and	troot annio dia 1907	F. Registerio I Agest signatur, no pared l	wise mendang DAE	
12,	OFFICERS AND DIRECTORS		13.		
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CITY-ST-ZIP	ST AUGUSTINE FL		14 CITY - S' - ZIP		
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NAME	LYLES, LINDA J		2.2 NAMŁ		
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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 logal 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 change I, or on an attachment with an address.

SIGNATURE:

ICHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF MECTOR

4/23/96 Safine Flack

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CR2E034 (12/95)