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Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004106 (8)**
1. Corporation Name

REUSABLE RESOURCES ADVENTURE CENTER, INC.



Principal Place of Business 2255 MEADOWLANE AVE., W. MELBOURNE FL 32904	Mailing Address 2255 MEADOWLANE AVE., W. MELBOURNE FL 32904-4955
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3. Date Incorporated or Qualified 07/29/1996	3a. Date of Last Report
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2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 360507
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Melbourne, FL
Zip 24	Country 25
29 32936	30 USA

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FRESE, GARY B 930 S. HARBOR CITY BLVD. SUITE 505 MELBOURNE FL 32901	
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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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	NATIONS, ZEKE
STREET ADDRESS	2061 PALM BAY ROAD N.E. SUITE 7B
CITY-ST-ZIP	PALM BAY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BRANDT, LINDA
STREET ADDRESS	1590 HIGHLAND AVE.
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	D <input type="checkbox"/> DELETE
NAME	FAULK, PATTI
STREET ADDRESS	P.O. BOX 2644 N/A
CITY-ST-ZIP	MELBOURNE FL 32902
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	AVVAMPATO, DEE
STREET ADDRESS	2295 PLANTATION DRIVE
CITY-ST-ZIP	MELBOURNE FL 32935
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.1 D/C <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nations, Zeke <input checked="" type="checkbox"/> in title
1.3 STREET ADDRESS	2061 Palm Bay Rd. N.E. Suite 7B
1.4 CITY-ST-ZIP	Palm Bay, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	3.1 D/S,T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Faulk, Patti <input checked="" type="checkbox"/> in title
3.3 STREET ADDRESS	P.O. Box 2644 N/A
3.4 CITY-ST-ZIP	Melbourne, FL 32902
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Patsy W. Faulk

CR2E037 (9/96)