


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000005169 1. Corporation Name ACCESSIBLE ADVENTURES INTERNATIONAL, INC.					

Principal Place of Business			Mailing Address		
2. Principal Place of Business 21 124 So. Federal Hwy Suite, Apt. #, etc. 22 Upper #3 City & State 23 Pompano Beach, FL Zip Country 24 33062 25 USA			2a. Mailing Address 26 124 So. Federal Hwy Suite, Apt. #, etc. 27 Upper #3 City & State 28 Pompano Beach, FL Zip Country 29 33062 30 USA		

3. Date Incorporated or Qualified 9/11/97	
4. FEI Number 65-0780230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent Robert Holtman 1399 East Oakland Park Blvd. Fort Lauderdale, FL 33334				10. Name and Address of New Registered Agent 81 Name Paul Sidwell 82 Street Address (P.O. Box Number is Not Acceptable) 124 South Federal Highway 83 Upper #3 84 City Pompano Beach FL 85 Zip Code 33062			
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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 Paul Sidwell DATE 4/30/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Paul Sidwell			1.2 NAME			
STREET ADDRESS	124 So. Federal Hwy Upper #3			1.3 STREET ADDRESS			
CITY-ST-ZIP	Pompano Beach, FL 33062			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	David A. Rafter			2.2 NAME			
STREET ADDRESS	4399 Nob Hill Road			2.3 STREET ADDRESS			
CITY-ST-ZIP	Sunrise, FL 33351			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	William Provost			3.2 NAME			
STREET ADDRESS	2590 Powerline Road			3.3 STREET ADDRESS			
CITY-ST-ZIP	Pompano Beach, FL 33069			3.4 CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Kimberly Eades			4.2 NAME			
STREET ADDRESS	Apartado 11498-1000 ("N/A")			4.3 STREET ADDRESS			
CITY-ST-ZIP	San Jose, Costa Rica			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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.

SIGNATURE: Paul Sidwell 4/30/98 954/781-8112

CR20037 (1-1997)