

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 23 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005169

1. Corporation Name

ACCESSIBLE ADVENTURES INTERNATIONAL, INC.

Principal Place of Business

124 SO. FEDERAL HWY., UPPER #3
POMPANO BEACH FL 33062

Mailing Address

124 SO. FEDERAL HWY., UPPER #3
POMPANO BEACH FL 33062



REINSTATEMENT

99-00

2. Principal Place of Business

21 **1399 East Oakland Pk. Blvd.**
Suite, Apt. #, etc.

2a. Mailing Address

26 **1399 East Oakland Pk. Blvd.**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/11/1997

4. FEI Number
65-0780230

Applied For
Not Applicable

City & State

23 **Ft. Lauderdale FL.**
Zip Country

City & State

28 **Ft. Lauderdale FL.**
Zip Country

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00** May Be
Added to Fees

24 **33334** 25 **USA**

29 **33334** 30 **USA**

9. Name and Address of Current Registered Agent

PAUL SIDWELL
124 SO. FEDERAL HWY., UPPER #3
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name **Paul Sidwell**
82 Street Address (P.O. Box Number is Not Acceptable)
1399 E. Oakland Pk. Blvd.
83
84 City **Ft. Lauderdale FL.** 85 Zip Code **33334**

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 **Robert Holtman**

Robert Holtman
3/14/00

3/14/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ DELETE
NAME **PAUL SIDWELL**
STREET ADDRESS **124 SO. FEDERAL HWY., UPPER #3**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **D** ☐ DELETE
NAME **DAVID A RAFTER**
STREET ADDRESS **4399 NOB HILL ROAD**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D** ☒ DELETE
NAME **WILLIAM PROVOST**
STREET ADDRESS **2590 POWERLINE ROAD**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **DST** ☐ DELETE
NAME **KIMBERLY EADES**
STREET ADDRESS **APARTADO 11498-1000 (N/A)**
CITY-ST-ZIP **SAN JOSE, COSTA RICA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PCD** ☒ Change ☐ Addition
1.2 NAME **Paul Sidwell**
1.3 STREET ADDRESS **1399 East Oakland Park Blvd.**
1.4 CITY-ST-ZIP **FT Lauderdale FL. 33334**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **Director** ☐ Change ☒ Addition
3.2 NAME **Robert Holtman**
3.3 STREET ADDRESS **1399 E. Oakland Pk. Blvd.**
3.4 CITY-ST-ZIP **Ft. Lauderdale**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **San Jose Costa Rica**

5.1 TITLE **400003195024** ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **-04/04/00--01060--005**
5.4 CITY-ST-ZIP *******297.00 *****297.00**

6.1 TITLE **40000018951024** ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **-04/04/00--01060--006**
6.4 CITY-ST-ZIP *******8.75 *****8.75**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00 (904) 568-0474
Daytime Phone #

CD25037 111081