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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N970000000877**
1. Corporation Name
CHALLENGED AMERICA RESORT EXPERIENCES, INC.

Principal Place of Business
**603 Monroe Avenue
Cape Canaveral, FL 32920**

Mailing Address
**603 Monroe Avenue
Cape Canaveral, FL 32920**

3. Date Incorporated or Qualified
December 11, 1997

4. FEI Number
59-3486098

Applied For
☐ Yes ☒ Not Applicable

2. Principal Place of Business
**603 Monroe Avenue
Cape Canaveral, FL 32920**

2a. Mailing Address
**603 Monroe Avenue
Cape Canaveral, FL 32920**

23. City & State
Cape Canaveral, FL

24. Zip
32920

25. Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**Allan Salovin, Esq.
c/o Greenberg Traurig Hoffman
Lipoff Rosen & Quentel, P.A.
777 S. Flagler Dr., Suite 300-E
West Palm Beach, FL 33401**

10. Name and Address of New Registered Agent

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/C** ☐ DELETE
NAME **Rick Schuman**
STREET ADDRESS **603 Monroe Avenue**
CITY-ST-ZIP **Cape Canaveral, FL 32920**

TITLE **D** ☐ DELETE
NAME **Claude R. Kirk, Jr.**
STREET ADDRESS **1180 Gator Trail**
CITY-ST-ZIP **West Palm Beach, FL 33409**

TITLE **D** ☐ DELETE
NAME **Allan Salovin**
STREET ADDRESS **777 S. Flagler Dr., Ste. 300-E**
CITY-ST-ZIP **West Palm Beach, FL 33401**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 checked, or on any attachment with an address.

SIGNATURE: **[Signature]** 3/18/98 (407) 784-8885

NONPROFIT AND TAXED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)