FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 11:16

DOCUMENT # P09605 (7)

1. Corporation Name
ADVENTURENT, INC.

Principal Place of Business	Mailing Address
850 NE 3RD ST STE 204 DAINA FL 33004-3401 US	850 NE 3RD ST STE 204 DAINA FL 33004-3401 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/28/1986
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2662740 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23: Dania
City & State — 28: Dania
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24
Country — 25
Zip — 29
Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	MARTINI, NINO	12 NAME	
STREET ADDRESS	850 NE 3RD ST STE 204	13 STREET ADDRESS	
CITY-ST-ZIP	DIANA FL 33004	14 CITY-ST-ZIP	Dania
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	GINA DURANK	22 NAME	DURNAK, GINA
STREET ADDRESS	850 NE 3RD ST 204	23 STREET ADDRESS	
CITY-ST-ZIP	DAINA FL	24 CITY-ST-ZIP	DANIA, FL 33004
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	ALBERT, CHANG	32 NAME	CHANG, ALBERT
STREET ADDRESS	850 NE 3RD ST 204	33 STREET ADDRESS	
CITY-ST-ZIP	DAINA FL 33004	34 CITY-ST-ZIP	DANIA, FL 33004
TITLE	V	41 TITLE	☒ Change ☐ Addition
NAME	BEELER, T.J.	42 NAME	Delete
STREET ADDRESS	100 SEA HORSE DR.	43 STREET ADDRESS	
CITY-ST-ZIP	WAUKEGAN IL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	CHAPMAN, J.C.	52 NAME	Delete
STREET ADDRESS	100 SEA HORSE DR.	53 STREET ADDRESS	
CITY-ST-ZIP	WAUKEGAN IL	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☒ Change ☐ Addition
NAME	CARTTAR, R.E.	62 NAME	Delete
STREET ADDRESS	5450 N.W. 33RD AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	FT.LAUDERDALE FL	64 CITY-ST-ZIP	

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1-13-95 (305)927-8000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone #

07/01/94 CP