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 FEB 21 AM 11:34

DOCUMENT # P28080 (0)

1. Corporation Name
ADVENTURE TOURS, INC.

Principal Place of Business	Mailing Address
9818 B. LIBERTY RD. RANDALLSTOWN MD 21133	9818 B. LIBERTY RD. RANDALLSTOWN MD 21133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/12/1990	3a. Date of Last Report: 03/30/1994
4. FEI Number: 52-1048117	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 10612 Beaver Dam Road	26 10612 Beaver Dam Road
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Hunt Valley, Maryland	28 City & State: Hunt Valley, Maryland
24 Zip: 21030 25 Country: USA	29 Zip: 21030 30 Country: USA

9. Name and Address of Current Registered Agent

PHELPS-JREIJ, MYRNA
7677 DR. PHILLIPS BOULEVARD
SECOND FLOOR
ORLANDO FL 32819

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	SINGER, RICKY	12 NAME	
STREET ADDRESS	2 HAWICK CT.	13 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SINGER, VICKIE	22 NAME	
STREET ADDRESS	2 HAWICK COURT	23 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	SINGER, VICKIE	32 NAME	
STREET ADDRESS	2 HAWICK CT.	33 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	SINGER, RICKY	42 NAME	
STREET ADDRESS	2 HAWICK COURT	43 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: Willie D Singer V. P 2/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0469732 FN