

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760.)

FILED

Jul 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000015488 (9)

1. Corporation Name
TREEFROG ADVENTURES, INC.

Principal Place of Business % GARY MCKAY SCHINDLER 145 DEBARY DRIVE DEBARY FL 32713	Mailing Address % GARY MCKAY SCHINDLER 145 DEBARY DRIVE DEBARY FL 32713
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/30/1992 4. FEI Number 59-3192071 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3a. Date of Last Report 05/01/1996 Applied For Not Applicable
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9. Name and Address of Current Registered Agent SCHINDLER, GARY M 145 DEBARY DRIVE DEBARY FL 32713	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS TITLE P NAME SCHINDLER, G.M. M STREET ADDRESS 145 DEBARY DRIVE CITY-ST-ZIP DEBARY FL 32713 [DELETE] [CHANGE] [ADDITION] [DELETE] [CHANGE] [ADDITION] [DELETE] [CHANGE] [ADDITION] [DELETE] [CHANGE] [ADDITION] [DELETE] [CHANGE] [ADDITION] [DELETE] [CHANGE] [ADDITION]	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [CHANGE] [ADDITION] [CHANGE] [ADDITION] [CHANGE] [ADDITION] [CHANGE] [ADDITION] [CHANGE] [ADDITION] [CHANGE] [ADDITION] [CHANGE] [ADDITION] [CHANGE] [ADDITION] [CHANGE] [ADDITION] [CHANGE] [ADDITION]
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14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *G.M. Schindler* 7/22/97 (907) 668-1222

CR2E034 (4/97)