FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000023428 (4)**

1. Corporation Name

MIDNIGHT ADVENTURES, INC.

Principal Place of Business	Mailing Address
P O BOX 681 LONG KEY FL 33001-0681	P O BOX 681 LONG KEY FL 33001-0681

3. Date Incorporated or Qualified: **03/26/1993**
3a. Date of Last Report: **06/09/1995**

2. Principal Place of Business	2a. Mailing Address
21 **50 South Shore Dr**	26 **50 South Shore Dr.**
Suite, Apt. #, etc. 22 **Apt #7**	Suite, Apt. #, etc. 27 **APT #7**
City & State 23 **MIAMI BEACH, FL**	City & State 28 **MIAMI BEACH, FL**
Zip 24 **33141** Country 25	Zip 29 **33141** Country 30

4. FEI Number: **58-2054125** ☐ 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

9. Name and Address of Current Registered Agent

HAGOOD, JOHN T
5 MICHAEL DRIVE
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) **50 South Shore Dr**

83 **APT 7**

84 City **MIAMI BEACH** **FL** 85 Zip Code **33141**

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HAGOOD, JOHN T		12 NAME	
STREET ADDRESS	PO BOX 681		13 STREET ADDRESS	
CITY-ST-ZIP	LONG KEY FL		14 CITY ST ZIP	
TITLE	AS	☒ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	CLAIRE E. HAUGH-HAGOOD		22 NAME	
STREET ADDRESS	2423 N. 154TH STREET		23 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68116		24 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	HAGOOD, JOHN S		32 NAME	
STREET ADDRESS	2423 NORTH 154TH ST.		33 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	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: JOHN S. HAGOOD DIRECTOR 5-30-96 402-592-8350

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)