


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morison Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000023428 (4) 1. Corporation Name MIDNIGHT ADVENTURES, INC			
Principal Place of Business 50 South Shore Dr APT 7 MIAMI BEACH, FL 33141		Mailing Address 50 South Shore Dr APT 7 MIAMI BEACH, FL 33141	
2. Principal Place of Business 21 50 South Shore Dr Suite, Apt. #, etc. 22 APT 7 City & State 23 MIAMI BEACH, FL Zip 24 33141	2a. Mailing Address 26 50 South Shore Dr Suite, Apt. #, etc. 27 APT 7 City & State 28 MIAMI BEACH, FL Zip 29 33141	3. Date Incorporated or Qualified 03/26/93	3a. Date of Last Report 5-30-96
9. Name and Address of Current Registered Agent John T Hagood 50 South Shore Dr MIAMI BEACH, FL 33141		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 applicable) (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP Hagood John T PO Box 2036 N/A Islamorada FL 33036	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STO NAME STREET ADDRESS CITY-ST-ZIP Hagood John S 2423 N. 154th St Omaha NE 68116	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.		100002216411 --06/18/97--01110--002 ***165.00	
SIGNATURE: John T Hagood SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/29/97-200.610.8303 Date Daytime Phone #	

CR2E034 (9/96)