

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90092 012 ***150.00

DOCUMENT # P93000023428 (4)

1. Corporation Name

MIDNIGHT ADVENTURES, INC.

Principal Place of Business

50 SOUTH SHORE DR.
APT. #7
MIAMI BEACH FL 33001-0681
US

Mailing Address

50 SOUTH SHORE DR.
APT. #7
MIAMI BEACH FL 33001-0681
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1993

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1735 Cove Lake Road

Suite, Apt. #, etc.

22

City & State

23 North Lauderdale, FL

Zip

24 33068

Country

25 USA

2a. Mailing Address

26 1735 Cove Lake Road

Suite, Apt. #, etc.

27

City & State

28 North Lauderdale, FL

Zip

29 33068

Country

30 USA

9. Name and Address of Current Registered Agent

HAGOOD, JOHN T
50 SOUTH SHORE DR.
APT. #7
MIAMI BEACH FL 33037

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME HAGOOD, JOHN T
STREET ADDRESS PO BOX 681 N/A
CITY-ST-ZIP LONG KEY FL

TITLE STD ☐ DELETE
NAME HAGOOD, JOHN S
STREET ADDRESS 2423 NORTH 154TH ST.
CITY-ST-ZIP OMAHA NE 68116

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Hagood, John T
1.3 STREET ADDRESS PO Box 1322 Islamorada FL 33036
1.4 CITY-ST-ZIP

2.1 TITLE STD ☒ Change ☐ Addition
2.2 NAME Hagood, John S
2.3 STREET ADDRESS 1382 S 101st Street
2.4 CITY-ST-ZIP Omaha NE 68124

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0202092

5/10/99

CR2E034 (10/97)