

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000043191 (4)

1. Corporation Name

EXPLORATIONS ENTERTAINMENT GROUP, INC.

FILED

95 AUG -7 AM 11:31

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

~~2650 NORTH MILITARY TRAIL~~ **902 CLINTMORE**
~~SUITE 140~~ **BOCA RATON, FL**
~~BOCA RATON FL 33431~~ **33431**

~~2650 NORTH MILITARY TRAIL~~
~~SUITE 140~~
~~BOCA RATON FL 33431~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/14/1993

3a. Date of Last Report

03/01/1994

4. FEI Number

59-3191053

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. 189.032,
 Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENE, RICHARD P
2455 EAST SUNRISE BLVD.
SUITE 905
FT. LAUDERDALE FL 33304

81 Name

Tucker, Michelle

82 Street Address (P.O. Box Number is Not Acceptable)

2650 North Military Trail

83

84 City

Suite 140
Boca Raton

FL

85 Zip Code

33431

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 reappointing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE

D

NAME

TUCKER, MICHELLE

STREET ADDRESS

2650 NORTH MILITARY TRAIL, SUITE 140

CITY - ST - ZIP

BOCA RATON FL 33431

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

DELETE

TITLE

D

NAME

KRISS, FRED

STREET ADDRESS

2650 NORTH MILITARY TRAIL, SUITE 140

CITY - ST - ZIP

BOCA RATON FL 33431

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

Delete

☒ Change ☐ Addition

TITLE

Salvatore Casaccio, CEO & DIR

NAME

200 Smith St

STREET ADDRESS

FARMINGDALE, NY 11735

CITY - ST - ZIP

FARMINGDALE, NY 11735

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

A. Joseph Melnick, Pres & DIR

NAME

200 Smith St

STREET ADDRESS

FARMINGDALE, NY 11735

CITY - ST - ZIP

FARMINGDALE, NY 11735

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

RICHARD BARTLETT, VP & DIR

NAME

200 Smith St

STREET ADDRESS

FARMINGDALE, NY 11735

CITY - ST - ZIP

FARMINGDALE, NY 11735

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/95)