

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000070622 (4)**

1. Corporation Name
A ABSOLUTE ADVENTURE, INC.



Principal Place of Business: **22785 SOUTHWEST 54TH WAY
BOCA RATON FL 33433
US**

Mailing Address: **668 SOUTHWEST 9TH AVENUE
BOCA RATON FL 33486
US**

3. Date Incorporated or Qualified: **10/11/1993**

3a. Date of Last Report: **08/10/1995**

4. FEI Number: **65-0441350**

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

2. Principal Place of Business

21. Suite, Apt #, etc

22. City & State

23. Zip

24. Country

25. Mailing Address

26. Suite, Apt #, etc

27. City & State

28. Zip

29. Country

30.

9. Name and Address of Current Registered Agent

**SCHUBERT, MARK
668 SOUTHWEST 9TH AVENUE
BOCA RATON FL 33486**

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

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 re-registering)

12. OFFICERS AND DIRECTORS

TITLE: **P** DELETE

NAME: **SCHUBERT, MARK**

STREET ADDRESS: **668 SOUTHWEST 9TH AVENUE**

CITY-ST-ZIP: **BOCA RATON FL**

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

Change Addition

1.1 TITLE: **Schubert**

1.2 NAME:

1.3 STREET ADDRESS:

1.4 CITY-ST-ZIP:

2.1 TITLE: Change Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY-ST-ZIP:

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. 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mark Schubert, Pres.* **Mark Schubert, Pres.** **8-5-96** **561-395-5800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (3/96)