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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P94000024908 (3)

ADVENTURE SAILING CRUISES, INC.

## **FILED** May 07 1998 8:00am Secretary of State



						((E) ELEKE LEH ERIA (EK) JAK
Principal Plac	e of Business	Mailing Address				ilitii alalā tavit Bālat 1611 jaat
1820 DEWITT STREET 1820 DEWITT STREET						
PANAMA CITY FL 32401 PANAMA CITY FL 32401					DO NOT WRITE IN THIS SPACE	
1					3. Date incorporated or Qualified	O OF MOL
j					03/28/1994	j
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
<del> </del>		<del>}−−</del> η −	26		59-3239676	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the o	urrent year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes X No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent
Fil	rzgerald, james h		8	1 Name		i
1920 DEWITT STREET			8	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
PANAMA CITY FL 32401			Ľ			
i			( e	3		7
			-	4 City		85 Zip Code
			*	Cny	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the abo	ve-named co	prporation submits this statement for the purpose	of changing its registered
office or n	egistered agent, or both, in the State m familiar with, and accept the oblid	o of Florida. Such change was a nations of Soction 607 0505. Flo	authorized I orida Statut	by the corpor	propriation submits this statement for the purpose ration's board of directors. I hereby accept the at	ppointment as registered
ľ			J. 100 O.0101			
SIGNATURE	Signature, typed or printed name of registered ag	ent and tille if applicable (NOT	É Registered A	gent signature req	quired when reinslating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition
NAME	FITZGERALD, GWENDOLYN	C	1.2 NAM	:		
STREET ADDRESS	1920 DEWITT ST.		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32401		1.4 CITY	-ST-ZIP		}
TITLE	<u>v</u>	☐ DELETE	21 TITLE			Change Addition
NAME	FITZGERALD, JAMES H		2.2 NAM	: ]		
STREET ADORESS	1920 DEWITT STREET		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32401		2. 4 CITY	- ST - ZIP		
TITLE	T	DELETE	3.1 TITLE			Change Addition
NAME I	ROBERTS, KENNETH E		3.2 NAMI	]		
STREET ADDRESS	100 CHERRY ST 505		- N	ET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		3.4. CITY			
TOTLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM			
STREET ADDRESS				ET ADDRESS		)
CITY-S1-ZIP			4.4 CITY		•	
TITLE		DELETE	5.1 THILE			Change Addition
NAME			5.2 NAMI	Į.		
				Ī		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY	S1-ZIP		Change Addition
TITLE			6.1 TITLE			C Purenting T VOOIDIOU
MAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		}
CITY-SI-ZIP		ar na again again	6.4 CITY		- 0 - C - 445 07/0/0 FC	
14. I hereby C	errity that the information supplied w	rith this filing does not qualify fo	or the exem	ption stated i	in Section 119.07(3)(i), Florida Statutes. I further of	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 it made under oath; that I am a 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. X 166