

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**
95 JUN 26 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 7000064386
1. Corporation Name
MANATEE AIRBOAT TOURS, INC.

700001525057
-06/28/95--01001--012
****225.00 ****225.00

Principal Place of Business Mailing Address
**1600 W. COLONIAL DRIVE
SUITE 200
ORLANDO, FL 32804**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **AUG. 31, 1994** 3a. Date of Last Report **N/A**

| | | | |
|--------------------------------|---|---------------------|---|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | 7500 40TH AVE. W. Suite, Apt. #, etc. UNIT 501 BRADENTON, FL Zip 34209 Country USA | 26 | 7500 40TH AVE. W. Suite, Apt. #, etc. UNIT 501 BRADENTON, FL Zip 34209 Country USA |

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0519905 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**JOHN L. GRAHAM, JR., ESQUIRE
390 N. ORANGE AVE. SUITE 1890
ORLANDO, FL 32801**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PRESIDENT | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICHARD F. CREMASCHI | 12 NAME | |
| STREET ADDRESS | 7500 40 TH AVE. W. #501 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON, FL 34209 | 14 CITY-ST-ZIP | |
| TITLE | VICE PRESIDENT | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONWAY D. KITTREDGE | 22 NAME | |
| STREET ADDRESS | 1600 W. COLONIAL DR. STE 200 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO, FL 32804 | 24 CITY-ST-ZIP | |
| TITLE | SECRETARY/TREASURER | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KATHY CREMASCHI | 32 NAME | |
| STREET ADDRESS | 7500 40TH. Ave. w. #501 | 33 STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON, FL 34209 | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **RICHARD F. CREMASCHI**
Richard F. Cremaschi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **6/15/95** **013-730-1011**