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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #	P95000047143	(9)
4 Corooration Name		• •

SANDERS & LYNN GUIDES TO ADVENTURE, INC. Principal Place of Business Mailing Address 1290 WESTON RD 1290 WESTON RD SUITE 210 SUITE 210 FT LAUDERDALE FL 33326 FT LAUDERDALE FL 33326 3. Date Incorporated or Qualified 3a. Date of Last Report 06/13/1995 4. FEI Number Applied For Principal Place of Business 2a, Mailing Address 65-0594768 Not Applicable 21 26 \$8.75 Additional Suite Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Zio Country Ζφ Florida Statutes Yes No

10. Name and Address of New Registered Agent 24 29 30 25 9. Name and Address of Current Registered Agent Name MULLON, TAMMY Street Address (P.O. Box Number is Not Acceptable) 82 1290 WESTON RD 83 SUITE 210 FT LAUDERDALE FL 33326 Zip Code 84 City R5 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 typical or printed that in of responses agreed one like if deplicable (NOTE: Roy perch Agent signature required when recistoling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. PRESIDENT DELETE
Tammy L. Mullon
1290 Weston Rd, Suite 210 Addition 1 1 TITLE TITLE 1.2 NAME NAME STREET ADDRESS 13 STREST ADDRESS Ft. Lauderdale, Fl 33326 14 CITY - ST - 7 P CITY - ST - ZIP [] Change Addition 2 11016 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST- ZIP Change ne fibbA DELETE TITLE 3 1 TITLE 3.3 NAME = NAME 3.3. STREET ADORESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP Change Add tion DELETE 4 1 THILE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP 3**000018314**資**級**。 -05/21/96--01032--043 Addition DELFIE 5 1 TITLE TITLE 5.2 NAME NAME ***200.00 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST ZIP DELETE Change Addition 6 1 TITLE TITLE 6.2 NAME NAME

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. Hurther certify that the information indicated on this annual report or supplieriental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I arn an officer or director of the corporation or the receiver or trusted 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

A STREET ADDRESS

€4 C-TY - ST ZIP

SIGNATURE:

STREET ADDRESS

J PEO OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR 04/25/96 305-389-5188

CR2E034 (12/95)