FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P95000049753 C&T Adventures, Inc. Principal Place of Business Mailing 871 N.W. 85th Terrace #1720 (SAME) Plantation, FL. 33324 3. Date Incorporated or Qualified 3a. Date of Last Report 6-22- 95 Applied For 2. Principal Place of Business
21 /550 N·W·/28 th. Drive 2a. Mailing Address 1550 N.W. 128th Drive Not Applicable 26 **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing **\$5.00** May Be City & Ş Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes
Yes XNo 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Sheri A. Treppeda Address (P.O. Box Number is No. Acceptable William F. Leonard Leonard & Morrison 4875 North Federal Highway, 10th Floor Fort Lauderdale, FL. 33308 1550 N.W. 128 12 Drive # 201 7.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am 0505, Florida Statutes. Sheri A. Treppeda SIGNATURE OFFICERS AND DIRECTORS 12. Change Addition DELETE TITLE Sheri Alane Treppeda 1.2 NAME NAME 1550 N.W. 128 th drive #201 1.3 STREET ADDRESS SUBJECT ACKIDEDS prise , FL. 33323 1.4 CiTY-ST-ZIP CITY-ST-ZIP Chery | Lynn Carpenter X 1550 N.W. 128 to drive # 201 Change Addition DELETE 2 1 THLE TILLE 2 2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS Sunrise IFL. 33323 2 4 CITY - ST-ZIP CITY-S'-ZIP Change ☐ Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 34 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4. 1 TITLE TITLE 4.2 NAME NAME 500001792755 4.3 STREETJADDRESS STREET ADDRESS -026 Change -04/24/96--01052 4.4 City - St - 7iP CHTY-ST-ZIP Addition DELETE ***200.00 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-7IP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME

CR2E034 (12/95

SIGNATURE: Aud Sheri A. Treppeda, President 4-16-96 (954)845-931

6.3 STREET ADDRESS

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 of tirector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

STREET ADDRESS