FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Jun 03 1997 8:00am
Secretary of State

DOCUMENT # P95000049753 (3)

1. Corporation Name

C & T ADVENTURES, INC.

Principal Place of Business	Mailing Address
1550 N.W. 128TH DR #201 SUNRISE FL 33323	1550 N.W. 128TH DR #201 SUNRISE FL 33323-5213

	3. Date Incorporated or Qualified **06/22/1995**	3a. Date of Last Report **04/24/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number **65-0591716**		Applied For
21		**26**				Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		**$8.75** Additional Fee Required
22		**27**				
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐		**$5.00** May Be Added to Fees
23		**28**				
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No		
24	**25**	**29**	**30**			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
TREPPEDA, SHERI A 1550 N.W. 128TH DRIVE #201 SUNRISE FL 33323	**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 _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	TREPPEDA, SHERI ALANE		1.2 NAME			
STREET ADDRESS	1550 N.W. 128TH DRIVE #201		1.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33323		1.4 CITY-ST-ZIP			
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	CARPENTER, CHERYL LYNN		2.2 NAME			
STREET ADDRESS	1550 N.W. 128TH DRIVE #201		2.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL 33323		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Sheri A Treppeda President 4-10-97 (954) 845-9318 (954) 537-3388

CR2E034 (9/96)