

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
Apr 15 1997 8:00am
Secretary of State

DOCUMENT # P95000051661 (3)

Corporation Name
ADVENTURE ENTERPRISES, INC.



Principal Place of Business

1791 KILLARNEY DRIVE
WINTER PARK FL 32789
US

Mailing Address

P.O. BOX 2003
WINTER PARK FL 32789-2003

3. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/03/1995

3a. Date of Last Report

03/15/1996

4. FEI Number

59-3333914

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BESKE, ROBERT S.
1791 KILLARNEY DRIVE
WINTER PARK FL 32789

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BESKE, ROBERT S.
STREET ADDRESS P.O. BOX 2003
CITY-ST-ZIP WINTER PARK FL

TITLE VP ☐ DELETE

NAME BESKE, BETTY C.
STREET ADDRESS P.O. BOX 2003
CITY-ST-ZIP WINTER PARK FL

TITLE VP ☐ DELETE

NAME CHIROGIANIC, SHERI
STREET ADDRESS 944 MILLENBECK
CITY-ST-ZIP DELTONA FL

TITLE S ☐ DELETE

NAME RHODES, TAMAMI
STREET ADDRESS P.O. BOX 2003
CITY-ST-ZIP WINTER PARK FL

TITLE T ☐ DELETE

NAME HILL, SHERIE
STREET ADDRESS P.O. BOX 2003
CITY-ST-ZIP WINTER PARK FL

TITLE VP ☐ DELETE

NAME MATSON, DARLENE
STREET ADDRESS P.O. BOX 2003
CITY-ST-ZIP WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

4/10/97 407-645-2710

CR2E034 (9/96)