SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000054571 (1)**

1. Corporation Name
OUTLAW ADVENTURE TOURS, INC.

Principal Place of Business	Mailing Address
2601 S. BAYSHORE DRIVE SUITE 1400 COCONUT GROVE FL 33133	2601 S. BAYSHORE DRIVE SUITE 1400 COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: 07/14/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1005 SEABREEZE BLVD.	26 1005 SEABREEZE BLVD.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 FT LAUDERDALE, FL	28 FT LAUDERDALE, FL
24 Zip 33316 / 25 Country	29 Zip 33316 / 30 Country

4. FEI Number: 65-0592365 ☐ 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	10. Name and Address of New Registered Agent
WHITICE, WILLIAM DALE 2601 S. BAYSHORE DRIVE SUITE 1400 COCONUT GROVE FL 33133	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, type or print name of registered agent and title if applicable. (NOTE: Registered Agent's signature required where indicated.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	COLLINS, LAURA L		12 NAME		
STREET ADDRESS	2601 S. BAYSHORE DRIVE, SUITE 1400		13 STREET ADDRESS	1005 SEABREEZE BLVD	
CITY-ST-ZIP	COCONUT GROVE FL 33133		14 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE	VPD	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	COMPTON, JON		22 NAME		
STREET ADDRESS	2601 S. BAYSHORE DRIVE, SUITE 1400		23 STREET ADDRESS	1005 SEABREEZE BLVD	
CITY-ST-ZIP	COCONUT GROVE FL 33133		24 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE	STD	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	LUGINBUHL, WAYNE E		32 NAME		
STREET ADDRESS	2601 S. BAYSHORE DRIVE, SUITE 1400		33 STREET ADDRESS	1005 SEABREEZE BLVD	
CITY-ST-ZIP	COCONUT GROVE FL 33133		34 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne E Lugin Sec/Treas 7-1-96 (954)761-8845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Wayne E Luginbuhl