

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90070 021 ***150.00

DOCUMENT # P95000054571

1. Corporation Name

OUTLAW ADVENTURE TOURS, INC.

Principal Place of Business

~~1005 SEA BREEZE BLVD
SUITE 1400
FT LAUDERDALE FL 33316
US~~

Mailing Address

1005 SEA BREEZE BLVD
SUITE 1400
FT LAUDERDALE FL 33316
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1995

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 801 Seabreeze Blvd

Suite, Apt. #, etc.

22 SLIP A125

City & State

23 FT Lauderdale FL

Zip

24 33316

Country

25 US/Bahama

2a. Mailing Address

26 6410 Crossbow Ct

Suite, Apt. #, etc.

27

City & State

28 DAVIE, FL

Zip

29 33331

Country

30 US/Bahama

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

TITLE P ☐ DELETE

NAME COMPTON, LESLIE

STREET ADDRESS 1005 SEA BREEZE BLVD

CITY-ST-ZIP FT LAUDERDALE FL

TITLE VPD ☒ DELETE

NAME COMPTON, JON

STREET ADDRESS 1005 SEA BREEZE BLVD

CITY-ST-ZIP FT LAUDERDALE FL

TITLE STD ☐ DELETE

NAME LUGINBUHL, WAYNE E

STREET ADDRESS 1005 SEA BREEZE BLVD

CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Wayne E. Luginbuhl

WAYNE E. LUGINBUHL SEC/TREA

4-26-99 954-249-9030

Date

Daytime Phone #

CR2E034 (11/98)