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

DOCUMENT # P95000067961 (9)

INTERNET ADVENTURES, INC.

Principal Place of Business Mailing Address

FILED May 07 1997 8:00am Secretary of State



| 123A SOUTH WOODLAND WINTER GARDEN FL 34787 US 2. Principal Place of Business | | | | 1317 MARKEL DRIVE WINTER GARDEN FL 34787-2103 | | | | | | | | | <u>-</u> | - | |
|---|------------------|-----------------------------------|-------------|--|--------------------------------|---------------|-------------------|--|--|--------|--------------|--------------------------------|----------|------------------|--|
| | | | | | | | | | I a series and the series are the series and the series and the series are the series are the series and the series are the se | | | Date of Last Report 09/24/1996 | | | |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | | FFI Number | | 00,0 | | | plied For | |
| Sulte, Apt. #, etc. | | | 26 | Suite, Apt. #, etc. | | | | | 59-3389561 Not Applicat \$8.75 Additional | | | | | | |
| 22 | | | | 27 | | | | 5. | Certificate of Status Desired | j i | Fee Required | | | | |
| City & Stat | e | | 28 | City & State | Park production and control to | | | 6. | Election Campaign Financir Trust Fund Contribution | ng | | | | May Be o Fees | |
| Zip 24 | | Country 25 | 29 | Zip | 30 Co | untry | | | This corporation has liability Florida Statutes | | Yes [| No | der s | 199.032, | |
| NOE | | and Address of Currer | nt Regis | stered Agent | | 81 | Name | 10. | Name and Address of Nev | v Reg | istered / | Agent | | | |
| 7AS1.A ASHI FY PARK COURT #402 | | | | | | 82 | | ddress (P.O. Box Number is Not Acceptable) | | | | | | | |
| ORLANDO FL 32835 | | | | | | | SHOOL A | | Joress (F.O. DOX MUTIDALIS NOT ACCEPTAGIE) | | | | | | |
| | | | | | | 83 | | | | | | | | | |
| | | | | | | 84 | City | | | | FL | 85 | Zip (| Code | |
| 11. Pursuant | to the provision | ons of Sections 607.050 |)2 and 6 | 607.1508, Florida Stati | utes the a | pove | e-named o | corporation | on submits this statement for board of directors. I hereby a | the pu | | chang | ing it | registered | |
| agent. I a | ım familiar wit | th, and accept the oblig | ations o | of, Section 607.0505, F | lorida Sta | itutes | ine corpi s. | oranoris i | board or directors, I hereby a | iccepi | тне арр | omme | nras | registereo | |
| SIGNATURE | Signature, typed | or printed name of registered ag- | onl and tak | o if applicable (NC | DTL Recorder | ec Aoc | nt signature n | requires who | o reinstatino) | | DATE | | | | |
| 12. | | OFFICERS AN | | | 13. | | | | ADDITIONS/CHANGES TO C | FFICE | | DIRE | CTOR | | |
| TITLE | PD | PO ATENIEN | | ☐ DELETE | 1,1 1 | nit | | | | | | Ch | ange | Addition | |
| NAME | | ier, stephen Rkel drive | | | | IAME | | | | | | | | • | |
| STREET ADDRESS CITY-ST-ZIP | | SARDEN FL 34787 | | | | TREET TYSS | ADDRESS L. 71P | | | | | | | | |
| TITLE | | | | DELETE | 2.1 7 | | 11-71 | . | | | | Ch | ange | Addition | |
| NAME | | | | | 2.2 1 | JAME | | | | | | | | | |
| STREET ADDRESS | | | | | 2.3 9 | TREET | ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | | | | | S1 - ZIP | | | | | | | · | |
| TITLE | | | | ☐ DELETE | 3.1 1 | | | | | | | ∐ Ch | ange | noitibbA [] | |
| NAME Street adoress | | | | | | IAME | ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | | | | | 61-7IP | | | | | | | | |
| TITLE | | | | DELETE | 4.1 1 | | (i .i.'' | | | | | ☐ Ch | ange | Addition | |
| NAME | | | | | 4.2 | NAME | | | | | | | | | |
| STREET ADDRESS | | | | | 4.3 9 | THEET | ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | | | | :I1Y-S | 1-2IP | | | | | | | | |
| TITLE | | | | ☐ DELETE | 5.11 | | | | | | | ∐ Ch | ange | Addition | |
| NAME PERFECT ADDRESS | | | | | | IAME | ADDRESS | | | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | | | | |
| CITY-ST-ZIP TITLE | | | | DELETE | 617 | HTLE | 1 - 211' | | | | | ☐ Ch | ange | Addition | |
| NAME | | | | | 1 | IAME | | | | | | | • | | |
| STREET ADDRESS | | | | | - 1 | | ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | | | | 6.4 (| HIY-S | 1 - ZIP | | | | | | | | |

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 Statutos. 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowers 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.