

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000076194 (6)

1. Corporation Name

ISLAND ADVENTURES OF COLLIER COUNTY, INC.



Principal Place of Business

189 PAGO PAGO DR.
ISLES OF CAPRI FL 33961

Mailing Address

189 PAGO PAGO DR.
ISLES OF CAPRI FL 33961

3. Date Incorporated or Qualified

09/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0612117

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

DONELON, THOMAS R
649 5TH AVE. S., STE. 219
NAPLES FL 33940

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

1. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
2. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
3. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
4. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
5. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
6. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

2. 1. TITLE

2. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

3. 1. TITLE

3. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

4. 1. TITLE

4. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

5. 1. TITLE

5. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

6. 1. TITLE

6. NAME

63. STREET ADDRESS

64. CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 (941) 643-1059

CR2E034 (12/95)