

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

FILED

**Apr 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000002894 (9)

1. Corporation Name
INCREDIBLE ADVENTURES, INC.



Principal Place of Business 5230 AVENIDA NAVARRA SARASOTA FL 34242 <i>6604 MIDNIGHT PASS RD. SARASOTA FL 34242</i>	Mailing Address 5230 AVENIDA NAVARRA SARASOTA FL 34242-2095 <i>6604 MIDNIGHT PASS RD SARASOTA FL 34242</i>
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3. Date Incorporated or Qualified 01/05/1996	3a. Date of Last Report
4. FEI Number 650635472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent REIFERT, JANE 6604 MIDNIGHT PASS RD. SARASOTA FL 34242		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: *Jane E Reifert* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE C, S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JACOBS, BRUCE N		1.2 NAME Norman Fast	
STREET ADDRESS 17204 BERMUDA VILLAGE DR		1.3 STREET ADDRESS 49 Walnut Park Blvd 2	
CITY - ST - ZIP BOCA RATON FL 33487		1.4 CITY - ST - ZIP Wellesley Hills, MA 02181	
TITLE P, T	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REIFERT, JANE		2.2 NAME Richard Cohan	
STREET ADDRESS 5230 AVENIDA NAVARRA		2.3 STREET ADDRESS 49 Walnut Park Blvd 2	
CITY - ST - ZIP SARASOTA FL 34242		2.4 CITY - ST - ZIP Wellesley Hills MA 02181	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAGONA, JULIA		3.2 NAME	
STREET ADDRESS 5230 AVENIDA NAVARRA		3.3 STREET ADDRESS	
CITY - ST - ZIP SARASOTA FL 34242		3.4 CITY - ST - ZIP	
TITLE B	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GALLIANO, CLAUDIO		4.2 NAME	
STREET ADDRESS CURSO NIZZA 108		4.3 STREET ADDRESS	
CITY - ST - ZIP 12100 CUNEO ITALY		4.4 CITY - ST - ZIP	
TITLE B	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LICE, GABRIELE		5.2 NAME	
STREET ADDRESS CURSO NIZZA 108		5.3 STREET ADDRESS	
CITY - ST - ZIP 12100 CUNEO ITALY		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Jane E Reifert* PRESIDENT + DIRECTOR 4/8/97 9413462603
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)