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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000021172

STREET ADDRESS

CORPORATE ADVENTURES, INC.

Principal Place	e of Business	Mailing Address	S			1 .				
3506 HILLGROV	E ROAD	P.O. BOX 3044								
VALRICO FL 33		RIVERVIEW FL 3	RIVERVIEW FL 33569			DO NOT WRITE IN THIS SPACE				
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						3. Date Incorporated	or Qualifeu	. "		
						03/07/1996			1 1	-1:-4 =
Principal Pl	lace of Business	2a. Mailing Add	dress			4. FEI Number	٠.			oplied For
21		26				59-3377889				ot Applicable
Suite, Apt. #, etc.		├ ─	Suite, Apt. #, etc.			5, Certifcate of Statu	us Desired			Additional equired
22		27			_		···			
City & State	e	City & State	e			6. Election Campaig				May Be to Fees
23		28		<u> </u>		Trust Fund Contri				10 1 663
Zip	Country	Zip		Country		8. This corporation of		ent year int	angible □Yes	□No
24	25	29	30			Personal Property		naistarad		
	9. Name and Address of Ci	urrent Registered Agent	<u> </u>	81	Name	10. Name and Addr	BSS OI NEW K	agisterau	Agent	···
D.41.6	IO BLIONIDA D			61	Name					
	IS, RHONDA P			82	Street Add	dress (P.O. Box Number is	s Not Accepta	ble)		
· ·	COPPERLEAF CIRCLE							1 10 11 11 11	1.4 (1.4 (1.4 (1.4 (1.4 (1.4 (1.4 (1.4 (1.312 191 191
BRAI	NDON FL 33511			83		1				
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	to the provisions of Sections 603 egistered agent, or both, in the S	State of Florida Such cha	ride Clatatos, "		the corporat	tion's board of directors. I	hereby accep	t the appoi	ntment as r	egistered
office or r	egistered agent, or both, in the sim familiar with, and accept the c	obligations of, Section 607	inne was aumor	nzeu by						[
office or re agent. I a	ım familiar with, and accept the c	obligations of, Section 607	7.0505, Florida \$	Statutes.	•					
office or re agent. I a	m familiar with, and accept the c	ed agent and title if applicable.	7.0505, Florida (NOTE: Regis	Statutes.	•	ired when reinstating)		DATE		
office or reagent. I as	m familiar with, and accept the c Signature, typed or printed name of register OFFICER	ed agent and title if applicable.	(NOTE: Regis	Statutes.	•			DATE	ID DIRECT	ORS IN 12
office or n agent. I a	om familiar with, and accept the construction of registers OFFICER	ed agent and title if applicable.	(NOTE: Regis	Statutes. stered Agent 13. 1.1 TITLE	•	ired when reinstating)		DATE		ORS IN 12
office or reagent. I as	Signature, typed or printed name of register OFFICER D DAVIS, EDWARD F	ed agent and title if applicable.	(NOTE: Regis	Statutes. stered Agent 13. 1.1 TITLE 1.2 NAME	t signaturė requii	ired when reinstating)		DATE	ID DIRECT	ORS IN 12
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14. 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.

6.4 CITY-ST-ZIP

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90024 039 ***150.00