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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P96000043734 (8)

SKYDIVING ADVENTURES, INC.

Principal Place of Business

Mailing Address

418 OAKMONT DR

416 OAKMONT DR

FILED May 12 1998 8:00am Secretary of State



MT. AIRY NG 27030		MT. AIRY NC 27030			
				DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	
6 Dringing D	de a filmina	De Marie		05/16/1996	
	ace of Business	26 346 Bicko	1 121	4. FEI Number	Applied For
Suite, Apt.	# Ato	26 346 11 CKA Suite, Apt. #, etc.	<u>sa na </u>	59-3379558	Not Applicable
_				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	h	City & State		A Floring Description	
23	o .	28 Winston-Sa	lem 7	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	201 W(Y) 51 017 30	Country		
24	25	29 2710/ 30	n '	8. This corporation owes or has paid the or Personal Property Tax due June 30.	urrent year intangible
27	9. Name and Address of Curren			10. Name and Address of New Registered	
WA	GNER, WILLIAM J		81 Name		
	S RIVIERA DRIVE				-
TAMPA FL 33605			82 Street	Address (P.O. Box Number is Not Acceptable)	
17%	## PC 1 C 00000		83		
			84 City		ne Zin Carla
			84 City	F	L 85 Zip Code
office or re	to the provisions of Sections 607.050 egistered agent, or bolln, in the State in familiar with, and accept the oblig	of Florida, Such change was auth	porized by the corp	corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap-	of changing its registered oppointment as registered
SIGNATURE	Signature typed or printed name of mg. to esting	er and Dientapply alze (NOTE Ro	egistered Agent signature	required when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	PCEO	DELETE	1.1 TITLE	3	Change Addition
NAME	WAGNER, RICHARD T		1.2 NAME	Myles Poters 5242 Williard Rdi	
STREET ADDRESS	416 OAKMONT PLACE		1.3 STREET ADDRESS	5242 Williard Kdi	
CITY-ST-ZIP	MT. AIRY NC 27030		1.4 CITY+ST-ZIP	Oak Ridge, TIC 27310	
TITLE .	81	DELETE	2.1 1ITLE	V	Change
NAME	FIELDS, RANDALL J		2.2 NAME	Randall J Fields	
STREET ADDRESS	2317 CAMPGROUND RD		2.3 STREET ADDRESS	2317 Campacound Rd.	
CITY-ST-ZIP	GREENSBORO NC 27406		2. 4 CITY - ST - ZIP	Greensboro, TC 27406	
TITLE		☐ DELETE	3.1 10LE	T	Change Addition
NAME			3.2 NAME	Brian Meadows 346 Rickard Rd.	
STREET ADDRESS			3.3 STREET ADDRESS	346 Rickord Rd.	
CITY-ST-ZIP			3 4. C/TY - ST - ZIP	Winstant Salem, MC 27101	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP			4.4 C(TY+ST+Z)P		
TITLE		☐ DELETE	51 TITLE	· ————————————————————————————————————	Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CUTY - ST - ZIP		
TITLE	· · · ·	☐ DELETE	61 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.