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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000055419 (1) SPLASHDOWN ADVENTURES, INC.

## **FILED** Apr 16 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address			
SUITE 4 SUITE 4		121 CORAL WAY EA	ST		
		SUITE 4 INDIALANTIC FL 32903		DO NOT WRITE IN THIS SPACE	
NUMBER	, rc 32300	MONCHITO IC SES	W	3. Date Incorporated or Qualified	ACC
				06/28/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3386927	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State	·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	ent year Intangible
24	25	29	30		Yes No
	9. Name and Address of Cur	rent Registered Agent	041.51	10. Name and Address of New Registered A	lgent
	ALMER, TROY S		81 Name		4
12	21 CORAL WAY EAST, SUITE 4	•	82 Street	Address (P.O. Box Number is Not Acceptable)	eno11111
IN	DIALANTIC FL 32903		- 39c	03043 W.	
			83		
			84_City	DENS THE BILL SID	85 Zip Code
			Pertin	Benrin Barriers FL	- Sauce
11. Pursuant	to the provisions of Sections 607.0	0502 and 607 1508, Florida St	atutes, the above-named	corporation submits this statement for the purpose of	changing its registered
agent. I a	registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such change w digations of, Section 607,0505	as authorized by the coi , Florida Statutes.	d corporation submits this statement for the purpose of poration's board of directors. I hereby accept the appora-	ointment as registered
SIGNATURE					
BIGHATORE	Signature, typed or printed name of registered	agent and title if applicable (	NOTE: Registered Agent signatur	e required when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD	☐ DELETE	1.1 TITLE	Table   Tabl	Change Addition
NAME	PALMER, TROY S		1.2 NAME	Lise Crox	
STREET ADDRESS	121 CORAL WAY EAST ST	TE 4	1.3 STREET ADDRESS	121 Corel Way & Suite ?	
CITY-ST-ZIP	INDIALANTIC FL 32903		1.4 CITY - ST - ZIP	121 Coral Way & Suite 4  Indialantic, FL 32905	
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME	i		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2. 4 CITY - ST - ZIP	, , , , , , , , , , , , , , , , , , , ,	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	1		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	i '	
STREET ADDRESS			<b>1</b>		
			5.3 STREET ADDRESS		
CITY-ST-ZIP		Drifte	5.4 CITY-ST-ZIP		Chara Tagger
THLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			64 City-St-7IP	1	· ·

14. I 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 reports 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 received of trustee en powered 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 or paralliachment with an actives.

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