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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000094566 (2)

1. Corporation Name:

ADVENTURE OFF-ROAD INC.

Principal Place of Business:

1100 34TH ST SOUTH
ST PETERSBURG FL 33711

Mailing Address:

1100 34TH ST SOUTH
ST PETERSBURG FL 33711-2228



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	4. FEI Number 59-3407938		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

NETSCHI, VICTOR
1100 34TH ST SOUTH
ST PETERSBURG FL 33711

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	NETSCHI, VICTOR	1.2 NAME	VICTOR NETSCHI
STREET ADDRESS	900 PINELLAS BAYWAY UNIT III	1.3 STREET ADDRESS	124 8th ST E
CITY- ST- ZIP	TIERRA VERDE FL 33715	1.4 CITY- ST- ZIP	TIERRA VERDE FL 33715
TITLE	V	2.1 TITLE	V
NAME	NETSCHI, LEE	2.2 NAME	LEE NETSCHI
STREET ADDRESS	900 PINELLAS BAYWAY UNIT III	2.3 STREET ADDRESS	124 8th ST E
CITY- ST- ZIP	TIERRA VERDE FL 33715	2.4 CITY- ST- ZIP	TIERRA VERDE FL 33715
TITLE	ST	3.1 TITLE	S
NAME	NETSCHI, BECKY	3.2 NAME	BECKY NETSCHI
STREET ADDRESS	900 PINELLAS BAYWAY UNIT III	3.3 STREET ADDRESS	124 8th ST. E
CITY- ST- ZIP	TIERRA VERDE FL 33715	3.4 CITY- ST- ZIP	TIERRA VERDE FL 33715
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR NETSCHI

4-9-97

813-328-1411

Date

Daytime Phone

0377626

CR2E034 (9/96)