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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Morthami

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000009935 (2)

AERIAL ADVENTURES, INC.

Principal Place of Business	Mailing Address
16231 OWASCO CIRCLE	16231 OWASCO CIRCLE
DAVIE FL 33331	DAVIE FL 33331

FILED Jul 16 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address	····		
16231 OWASCO CIRCLE	16231 OWASCO CIRCLE			
DAVIE FL 33331	DAVIE FL 33331		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified 01/31/1997	AOL
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21	26		65-0731335	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, ctc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the currer	nt year Intangible
24 25	29	30		Yes 🗌 No
	s of Current Registered Agent		10. Name and Address of New Registered Ag	jent
SPENCER, MICHAEL		81 Name		
18231 OWASCO CIRCLE		82 Street A	Address (P.O. Box Number is Not Acceptable)	
DAVIE FL 33331		83		
		84 City	FL	85 Zip Code
· · · · · · · · · · · · · · · · · · ·	Computered agent and filled implicable (NOT) FICERS AND DIRECTORS	E Registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND D	
12. OFF	FICERS AND DIRECTORS DELETE	13. 1,1 TOLE		DIRECTORS IN 12 Change Addition
NAME SPENCER, MICHAEI	-	1.2 NAME	L	
STREET ADDRESS 16231 OWASCO CH		1.3 STREET ADDRESS		
CITY-ST-ZIP DAVIE FL 33331		1.4 CITY-\$1 - ZIP		
TITLE	☐ DELFTE	2.1 TOLE		Change Addition
NAME		2.2 NAME		
		2 3 STREET ADDRESS	PS - 65	
CITY-ST-ZIP TITLE	DELETE	2 4 CHY+S1+7IP 3 1 HHLE		Change Addition
NAME	E. Ottor	3.2 NAME	<u></u>	
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3.4. C(TY-ST-Z(P		
TITLE	DELETE	41 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
City-St-ZiP	DELETE	4.4 C(TY - ST - 7/P		Change Addition
TITLE	L.J Dittit	5.1 THLE 5.2 NAME	40000259199	
STREET ADDRESS		5.3 STREET ADDRESS	-07/17/9801068032	•
CITY-ST-2IP		5.4 CHY-ST-ZIP	***400.00	
TITLE	DELLTE	6.1 THEF		Change Add
NAME		6.2 NAME	40000259199	4 (1)
STREET ADDRESS '.		6.3 STREET ADDRESS	-07/17/9801068031	No.
		-		•

14. Thereby 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.