

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000073189 (7)
1. Corporation Name
PARA-SOAR ADVENTURES, INC.



Principal Place of Business Mailing Address
2771 NE 15 ST 2771 NE 15 ST
POMPANO BEACH FL 33062-8263 POMPANO BEACH FL 33062-8263

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/22/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0779036	
24 Country		29 Country		Applied For	
				Not Applicable	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PALEY, GREGG M 4800 N FEDERAL HWY, STE 200-E BOCA RATON FL 33431				81 Name ROWLAND, BRIAN			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				2771 N.E. 15TH STREET			
				83			
				84 City POMPANO BEACH FL 85 Zip Code 33062-8263			

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	NAME	ROWLAND, BRIAN	1.1 TITLE	D/P/T	1.2 NAME	
STREET ADDRESS		STREET ADDRESS	2771 NE 15 ST	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	POMPANO BEACH FL 33062	2.1 TITLE	D/P	2.2 NAME	
				2.3 STREET ADDRESS	7420 S.W. 13th ST.	2.4 CITY-ST-ZIP	N. LAUDERDALE, FL 33068
TITLE	D	NAME	MAXWELL, WINSLOW JR.	3.1 TITLE	D/S	3.2 NAME	
STREET ADDRESS		STREET ADDRESS	2771 NE 15 ST	3.3 STREET ADDRESS	5160 N.W. 11th LANE	3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
CITY-ST-ZIP		CITY-ST-ZIP	POMPANO BEACH FL 33062	4.1 TITLE		4.2 NAME	
				4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		STREET ADDRESS		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP		6.1 TITLE		6.2 NAME	
				6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

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 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]* BRIAN ROWLAND 954-781-6904

CR2E034 (10/97)