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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Jun 04 1998 8:00am Secretary of State

DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000093200 (8) ADVENTURE INVESTMENTS, INC. Principal Place of Business Mailing Address 1791 KILLARINEY DR. 1791 KILLARNEY DR. WINTER PARK FL 32789 WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/29/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Ø Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BESKE, ROBERT 1791 KILLARNEY DR. 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 83 City Zip Code 85 FL 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's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. TITLE DELFTE 1.1 TITLE Change Addition NAME BESKE, ROBERT 1.2 NAME 1791 KILLARNEY DR. STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 21 THILE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE Change Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 N/ME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - ZIP DELETE Change Addition TITLE 5.1 TIT .E 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-SI-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY - ST - ZIP

hed with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information imental 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 he receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in 14. I hereby certify that the information indicated on this annual report or officer or director of the corpor Block 12 or Block 13 if chai

ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Hielet 407-645-27 00