

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90069 040 ***150.00

DOCUMENT # P97000103633

1. Corporation Name

ADVENTURES CUBED, INC.

Principal Place of Business

9614 NW 76 STREET
TAMARAC FL 33321

Mailing Address

9614 NW 76 STREET
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1997

4. FEI Number

65-0825619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BOUWENS, MARK R
9614 NW 76 STREET
TAMARAC FL 33321

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

TITLE ☐ DELETE
NAME D
STREET ADDRESS CREBER, ROBERT K
CITY-ST-ZIP 2259 HANIMAN DR
SAN DIEGO CA 92105

TITLE ☐ DELETE
NAME SD
STREET ADDRESS BOUWENS, MARK R
CITY-ST-ZIP 9614 NW 76 ST
TAMARAC FL 33321

TITLE ☒ DELETE
NAME P
STREET ADDRESS BOUWENS, JAMES J
CITY-ST-ZIP 1013 BUTLER CREEK RD
OVIEDO FL 32765

TITLE ☐ DELETE
NAME T
STREET ADDRESS BOUWENS, DAVID W
CITY-ST-ZIP 8501 NW 26 ST
SUNRISE FL 33312

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME DP
1.3 STREET ADDRESS Creber, Robert K
1.4 CITY-ST-ZIP 2259 Haniman Dr
San Diego, CA 92105

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME DSV
2.3 STREET ADDRESS Bouwens, Mark R.
2.4 CITY-ST-ZIP 9614 NW 76th St
Tamarac, FL 33321

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

Mark R. Bouwens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-99

Date

Daytime Phone #

CR2E034 (11/98)