SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 10:37

DOCUMENT # **S09204** **(6)**

1. Corporation Name

TERRA FIRMA ADVENTURES INC.

Principal Place of Business	Mailing Address
1097 CLEARY BLVD. SUITE 287 PLANTATION FL 33323	1097 CLEARY BLVD. SUITE 287 PLANTATION FL 33323

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21: 10097 Cleary Blvd 22 Suite, Apt. #, etc: Ste 287 23 City & State: Plantation FL 24 Zip: 33324 25 Country:	2a. Mailing Address 26: 10097 Cleary Blvd 27 Suite, Apt. #, etc: Ste 287 28 City & State: Plantation FL 29 Zip: 33324 30 Country:
3. Date Incorporated or Qualified: 10/24/1990	3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0229930	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

SINGER, JOSEPH K ESQ
UNIVERSITY PARK, SUITE 114
201 NORTH UNIVERSITY DRIVE
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	FOUKE, LINDA G	12 NAME	
STREET ADDRESS	11750 NW 19TH ST.	13 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL 33323	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	FOUKE, THOMAS C	22 NAME	
STREET ADDRESS	11750 NW 19TH ST.	23 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL 33323	24 CITY ST ZIP	
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	HALBURNT, MICHAEL	32 NAME	Halburnt Michael
STREET ADDRESS	1460 AVON LN., #931	33 STREET ADDRESS	1621 NE 55th St
CITY ST ZIP	NORTH LAUDERDALE FL 33068	34 CITY ST ZIP	Ft. Lauderdale 33334
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Linda G. Fouke 10 June 1995 305-370-2620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0147059 FP