

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **S09204** (6)

1. Corporation Name

**TERRA FIRMA ADVENTURES INC.**



Principal Place of Business

**10097 CLEARY BLVD  
STE 287  
PLANTATION FL 33324  
US**

Mailing Address

**10097 CLEARY BLVD  
STE 287  
PLANTATION FL 33332  
US**

3. Date Incorporated or Qualified  
**10/24/1990**

3a. Date of Last Report  
**06/16/1995**

2. Principal Place of Business

21 **7481 W Oakland Pk Blvd**

2a. Mailing Address

26 **7481 W Oakland Park Blvd**

4. FEI Number

**65-0229930**

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **SK 307A**

Suite, Apt. #, etc.

27 **- 307A**

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

City & State

23 **Ft. Lauderdale FL**

City & State

28 **Ft. Lauderdale FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

Zip

24 **33319**

Country

25 **USA**

Zip

29 **33319**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

**LINDA Fouke**

82 Street Address (P.O. Box Number is Not Acceptable)

**7481 W Oakland Park Blvd - 307A**

83

**Ft. Lauderdale**

84 City

**FL**

85

Zip Code  
**33319**

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

*Linda G. Fouke*

**LINDA G. Fouke**

**4/15/96**

Signature typed or printed name of registered agent and new registered agent

(NOTE: Registered Agent signature required when first state is)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **FOUKE, LINDA G**  
STREET ADDRESS **11750 NW 19TH ST.**  
CITY-ST-ZIP **PLANTATION FL 33323**

TITLE **V** ☐ DELETE  
NAME **FOUKE, THOMAS C**  
STREET ADDRESS **11750 NW 19TH ST.**  
CITY-ST-ZIP **PLANTATION FL 33323**

TITLE **D** ☐ DELETE  
NAME **HALBURNT, MICHAEL**  
STREET ADDRESS **1621 NE 55TH ST**  
CITY-ST-ZIP **NORTH LAUDERDALE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 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)(k), 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/96**

**954-572-1902**

DATE OF FILING

CR2E034 (12/95)