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

May 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT # S35846 (2)**ADVENTURE SEAWAYS CORPORATION** Principal Place of Business Mailing Address 450 34TH STREET NORTH 450 34TH STREET NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1991 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3055082 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TANDBERG, NORMAN 450 34TH STREET NORTH 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33713 В3 84 City 85 Zip Code Fl 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 profiled name of registered agent and time it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 117016 TITLE TANDBERG, NORMAN NAME 1.2 NAME 450 34TH STREET NORTH STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33713 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE Kolk, Glenn G 2.2 NAME 520 BRICKELL KEY DR. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33131 CITY - ST - ZIP 2. 4 CITY - ST - 7(P DELETE TITLE 3.1 TITLE Change Addition NAME ORDONEZ, RAFAEL 3.2 NAME 1775 MW 70TH AVENUE STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE CARRERAS, RAY NAME 4 2 NAME 1775 NW 70TH AVENUE STREET ADDRESS 4.3 STREET ADDRESS **MIAMI FL 33126** CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 suppliemental 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 article with an exhibits.

FILED

5/1/98 812.277.2M