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FILED
May 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S57110

(6)

1. Corporation Name

ADVENTURE INN CORPORATION



Principal Place of Business

Mailing Address

170 NW 8TH STREET
172ND NW
HOMESTEAD FL 33032

2270 DESOTO DRIVE
#174-170-172-180
MIRAMAR FL 33023
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1991

4. F. Number

5-0248287

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 or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 172nd St. gk of 170. n.w. 8th

Suite, Apt. #, etc.

22 1745 160

City & State

23 Homestead Fla.

Zip

Country

24

25

2a. Mailing Address

26 2270 Desoto Dr

Suite, Apt. #, etc.

27 miramar fl 33023

City & State

28 Homestead Fla.

Zip

Country

29 33023

30

Broward

9. Name and Address of Current Registered Agent

LAMONICK, BRUCE
9130 S. DADELAND BLVD.
SUITE 1101
MIAMI FL 33156

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 Nathan Reid

Signature typed or printed name of registered agent and title if applicable

Owner

(NOTE: Registered Agent signature required when reinstating)

4/10/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME REID, NATHAN
STREET ADDRESS 2270 DE SOTO DR.
CITY-ST-ZIP MIRAMAR FL

TITLE VST ☐ DELETE

NAME REID, DELORIS
STREET ADDRESS 2270 DE SOTO DR.
CITY-ST-ZIP MIRAMAR FL

TITLE D ☐ DELETE

NAME REID, DELORIS
STREET ADDRESS 2270 DE SOTO DR.
CITY-ST-ZIP MIRAMAR 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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.

CR2E034 (10/97)