


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

FILED
Mar 27 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 # 570356 1. Corporation Name Adventure Marketing Group, Inc.			
Principal Place of Business 145 Horizon Court Lakeland, FL 33813		Mailing Address P.O. Box 7177 Lakeland, FL 33807	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 145 Horizon Court Suite, Apt. #, etc. 22 City & State 23 Lakeland, FL Zip 24 33813		2a. Mailing Address 26 P.O. Box 7177 Suite, Apt. #, etc. 27 City & State 28 Lakeland, FL Zip 29 33807 Country 30 USA	
3. Date Incorporated or Qualified 7/1991		4. FEI Number 59-3075024 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent Ronald T Murphy, P.A. 5015 S Florida Avenue Suite 310 Lakeland, FL 33813		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 Ronald T Murphy, P.A. <small>Signature typed for principal of corporation or registered agent, or either if applicable (NOTE: Registered Agent's signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS 11 TITLE Secretary <input checked="" type="checkbox"/> DELETE NAME Harold F Haaser STREET ADDRESS 4955 Stonecrest CITY-ST-ZIP Lakeland, FL 33813 <input type="checkbox"/> DELETE 11 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE 11 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE 11 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE 11 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Clifford G Lee STREET ADDRESS 145 Horizon Court CITY-ST-ZIP Lakeland, FL 33813 <input type="checkbox"/> Change <input type="checkbox"/> Addition 21 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 31 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 41 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 51 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 61 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.			
SIGNATURE: Clifford G Lee <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/20/98 (941) 644-5476 <small>Date Daytime Phone #</small>	

CR2E034 (10/97)