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 # **V10924** **(1)**

1. Corporation Name
ADVENTURE MARKETING GROUP WEST, INC.

Principal Place of Business
1125 US HWY 98 S.
STE. 200
LAKELAND FL 33801
US

Mailing Address
P.O. BOX 6780
LAKELAND FL 33870
US

3. Date Incorporated or Qualified: 01/30/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3103270 — ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

MILBRATH, L. MICHAEL
1301 N.E. 14TH STREET
OCALA FL 34470

Deceased

10. **Name and Address of New Registered Agent**

81 Name: Ronald T. Murphy
82 Street Address (P.O. Box Number is Not Acceptable): 5015 South Fla. Ave Suite 400A
83
84 City: Lakeland FL 85 Zip Code: 33813

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 [signature] DATE 1-30-96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LEE, CLIFFORD G JR.	
STREET ADDRESS	~~5015 S. FLORIDA AVENUE~~	
CITY-ST-ZIP	LAKELAND FL ~~33813~~	
TITLE	SD	☐ DELETE
NAME	HASSER, HAROLD F	
STREET ADDRESS	1125 US HWY 98 S., STE. 200	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	1125 US Hwy 98 South #200	
1.4 CITY-ST-ZIP	Lakeland FL 33801	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	Lakeland FL 33801	
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: [signature] Secretary 1/31/96 (941)686-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Harold F Hasser

CR2E034 (12/95)