PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V50363 1. Corporation Name

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90060 036 ***150.00

INIPLE /	ADVENTURE, INC.									
Principal Place	e of Business	Mailing Address						841 01014 8484		
7605 B GUNN H	•	5010 E. LONGBOAT BLVD.								٠.
TAMPA FL 33625		TAMPA FL 33615			DO NOT WEE	TE IN TUR	ODACE			
		US				DO NOT WRITE IN THIS SPACE				7
						3. Date Incorporated or Qualifed				
		1 A 10 A 10				07/10/1992 4. FEI Number		T	nation For	-
2. Principal Place of Business		2a. Mailing Address					Applied For Not Applicable			
21		Suite, Apt. #, etc.				59-3134501			Additional	1
Suite, Apt. #, etc.		⊢				5. Certifcate of Status Desired			Required	
22 City & Chate		City & State				6. Election Campaign Financing			May Be	1
City & State		28				Trust Fund Contribution			to Fees	
Zip Country		Zip Country				8. This corporation owes the curr	ent vear Inta		51.70	1
24	25	─ '	30	•		Personal Property Tax.	, , , , , , , , , , , , , , , , , , , ,	☐ Yes	□No	1
24]	9. Name and Address of Curren					10. Name and Address of New F	Registered /	Agent]
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DAN	ZEISEN, VOLKER			82	Ctra et Addres	ess (P.O. Box Number is Not Accepta	ahle)		.	$\frac{1}{2}$
5010) E. LONGBOAT BLVD.			02	Street Addre	SS (F.O. BOX NUMBER IS NOT Accepte	auic)			
TAM	PA FL 33615		F	83		***]
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			ĺ	84 (City		FL	85) Zip	Code	1
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office or r agent. I a	to the provisions of Sections 607.050. registered agent, or both, in the State im familiar with, and accept the obligat	of Florida. Such change was at	thorized	DV the	named corpo e corporation	oration submits this statement for the n's board of directors. I hereby accep	ot the appoin	ntment as r	egistered	
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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, with all other like empowered.

SIGNATURE:

Daytime Phone #