

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ADMINISTRATIVE
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
JENNIFER M. HUGHES
GOVERNOR

APPROVED
AND
FILED

DOCUMENT # V57147

(3)

95 MAY -1 PM 9:15

ADVENTURE TIMES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1372 N KILLIAN DR
SUITE D
LAKE PARK FL 33403
US

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LAKE PARK FL 33403
US

3. Filing Date	08/10/1992	3a. Date of Last Report	05/01/1994
4. Filing Number	65-0351134	Applied For	Not Applicable
5. Candidate or Officeholder		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
7. Filing Fee			
8. Filing Fee			
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent		

DAVIS, DEBRA
911 VILLAGE BLVD.
SUITE 806
WEST PALM BEACH FL 33409

81. Name	
82. Street Address (If 83. Box Number is 14 or 15, skip 82.)	
83. City	
84. State	FL
85. Zip Code	

11. I, the undersigned, the principal officer or director of the corporation, hereby certify that the information furnished in this statement for the purpose of changing its registered office is true and correct, and that the corporation has authorized the undersigned to execute and file this statement as required by the provisions of the Florida Statutes.

Signature

Debra Davis

MAY 1 1995

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
1. NAME PVD DEBRA, DAVIS 911 VILLAGE BLVD. SUITE 806 WEST PALM BEACH FL 33409	1. NAME Change ☐ Add ☐
2. NAME	2. NAME Change ☐ Add ☐
3. NAME	3. NAME Change ☐ Add ☐
4. NAME	4. NAME Change ☐ Add ☐
5. NAME	5. NAME Change ☐ Add ☐
6. NAME	6. NAME Change ☐ Add ☐
7. NAME	7. NAME Change ☐ Add ☐
8. NAME	8. NAME Change ☐ Add ☐
9. NAME	9. NAME Change ☐ Add ☐
10. NAME	10. NAME Change ☐ Add ☐
11. NAME	11. NAME Change ☐ Add ☐
12. NAME	12. NAME Change ☐ Add ☐
13. NAME	13. NAME Change ☐ Add ☐
14. NAME	14. NAME Change ☐ Add ☐
15. NAME	15. NAME Change ☐ Add ☐
16. NAME	16. NAME Change ☐ Add ☐
17. NAME	17. NAME Change ☐ Add ☐
18. NAME	18. NAME Change ☐ Add ☐
19. NAME	19. NAME Change ☐ Add ☐
20. NAME	20. NAME Change ☐ Add ☐

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not apply for the corporation's status as a corporation under the Florida Statutes. I further certify that the information submitted in this statement is true and correct, and that the corporation has authorized the undersigned to execute and file this statement as required by the provisions of the Florida Statutes.

SIGNATURE:

Debra Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 1 1995

467-881-7218