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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

V57147

(3)

ADVENTURE TIMES, INC.

Dringing Disease of Dusiness					THE PROPERTY OF THE PROPERTY O			
Principal Place of Business Mailing Address				- 1				
		1372 N KILLIAN DR.						
SUITE D	-1 00400	SUITE D						
LAKE PARK F US	·L 33403	LAKE PARK FL 33403 US			3. Date Incorporated or Qualified	3a. Date o	of Last Report	
03		03			08/10/1992	05,	01/1995	
2. Principal Pla	ce of Business	/ 2a. Mailing Address	. 4	9/	4. FEI Number		Applied For	
21 52/	Northlake Blud	26 5 Z/ //o	HLLAKE.	ISIUS	65-0351134		Not Applicable	
Suite, Apt. #		Suite, Apt. #, etc.	'		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	4 PAlm BEACH, FI	28 NOTTH Pale	4 Beach	FA	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 339	108 25 Palm Beach	29 33408 3	PAMIS	each	This corporation has liability for Florida Statutes	intangible tax No	under s. 199.032,	
- 	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New F	egistered A	gent	
DAVIS, DEBRA 82				eet Address (P.O. Box Number is Not Acceptable)				
911 VILLAGE BLVD.				83				
			84 City			FL	2.5 0000	
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	1 phra Da	35' De	26/A DA	レンソ		424	Y (+	
0.0.4.1.0.1.2	Signature, typed or printed name of registered agent		Registered Agent signature	e required w		DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF			
TIFLE	PVD	☐ DELETE	1. 1 TITLE	Pi	Planta name	K.	Change	
NAME	DEBRA, DAVIS	••	1.2 NAME	/	DebrA DAVIS			
			1.3 STREET ADDRESS	·	All Nilly de Blos		1. 774/29	
CITY-ST-ZIP	WEST PALM BEACH FL 3340		1.4 CITY-ST-ZIP		West PAIM IS	ACH, F	/4 3340/	
TITLE		☐ DELETE	2. 1 TITLE	1.3	ancy Clark 🖛		Change M Adoition	
NAME			2.2 NAME	V	TI Northlake B	IVL. #	=/	
STREET ADDRESS			2.3 STREET ADDRESS	i 7	YII VILLAGE BIND. WEST PAIM ISO ANCY CLARKE B TO FHE PAIM BEACH	ch Fl	1 27Uno	
CITY-ST-ZIP		- Driete	2.4 CITY-ST-ZIP	 	YUITU IAM DEAS	· 4/ "	Change	
TITLE		☐ DELETE	3 1 TITLE			L.	Change	
NAME			3 2 NAME					
STREET ADDRESS			3.3. STREET ADDRES	s				
CITY-ST-ZIP		C) DEVETE	3.4 CITY-ST-ZIP	-			Change C1 Addition	
TITLE		☐ DEFELE	4. 1 TITLE			L	Change	
NAME			4.2 NAME					
STREET ADDRESS	_		4.3 STREET ADDRESS	5				
CITY - ST - ZIP	``	D DELETT	4.4 CITY - ST - ZIP	+			Change T Addition	
TITLE		☐ DELETE	5. 1 TITLE			L	Change	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS	3				

6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6. 1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

0424.96 407-844-8442

Date Destrict Proces

Change Addition

CR2E034 (12/95)