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

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # V57147

1. Corporation Name
ADVENTURE TIMES KAYAKS, INC.

(3)

**FILED** May 13 1997 8:00am Secretary of State



Principal Place of Business 521 NORTHLAKE BLVD SUITE 1		Mailing Address		( ) SELL SUISS: SUIN ( SEEL HISH BEEN 1831; SISH SUSH SUSH SUSH SUSH SUSH	
		521 NORTHLAKE BLVD.			
		SUITE 1 NORTH PALM BEACH FL 33408-5418 US			
NORTH PALM BEACH FL 33408 US				Date Incorporated or Qualified	3a. Date of Last Report
				08/10/1992	04/30/1996
	Place of Business	2a. Mailing Address		4. FEI Number 65-0351134	Applied For
Sulta Apt # ola		Suite Apl # ote		05/05/1104	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30	Florida Statutes  10. Name and Address of New Re	Yes No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New He	gisterea Agent
	VIG, DEBRA		81 Name	Stophen Wig	A/
	HALLAGE BLVD.		82 Street Add	dress (P.O. Box Number is Not Acceptat	ple)
	HE 808			508 FlotillA Kd	·
WE	ST PALM BEACH PL 33409	•	83	, -	
			84 City A	1,210.	85 Zip Code
				ofthe Pallu Beach	FL   37468
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stati	ites, the above-named co	rporation submits this statement for the p	purpose of changing its registered
office or	registered agent, or both, in the State	e of Florida. Such change was lations of, Section 607,0505. F	authorized by the corporationida.	ation's board of directors. I hereby accep	of the appointment as registered
-	1 20 1.111.	M	Stephen	4 Wast	0430.97
SIGNATURE	Signature, typed or priny Jiname of registered age	ent and title if applicable (NC	)11 : Flegistoro : Agent signature req	bired when reinstalling)	DATE
12.		D DIRECTORS	18.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TITLE	P.D.	Change 🔲 Additio
NAME	DEBRA, DAVIS		1.2 NAME Z	2061A Wight 508 Flotilla RL North PAlm Beach,	
STREET ADDRESS	900 VILLAGE BLVD		19 STREET ADDRESS	5,08 FlotillA 12 d	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CHY-S1-7IP	North Palm Beach	F14 33408
TITLE	V	☐ DELETE	2.1 TITLE		Change Addition
NAME	CLARK, NANCY		2.2 NAME		
STREET ADDRESS	521 NORTHLAKE BLVD., #1		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Additio
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C(1)Y - ST - Z(P		
TITLE	1	DELETE	4.1 Title		Change Additio
NAME.			4. 2 NAME		- -
STREET ADDRESS			4.3 STREET ADDRESS		
			4.4 C(TY-ST-Z/P		
CITY-ST-ZIP TITLE		DELETE	51 101F		☐ Change ☐ Additio
		o	5.2 NAME		
NAME					
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZiP		Driege	54 CITY-ST-7IP		Change Additio
TITLE		DELETE	6 1 TITLE		LI Criange LI Additio
NAME			6,2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	-	
CITY. CT. 7ID	1		GA CITY - \$1 - 7 IP		

14. I do hereby certify that the information supplied with this fiting 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 logal 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.