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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

4-26-96 Date

DIVISION OF CORPORATIONS

1996

SIGNATURE:

V60538

(8)

DOCUMENT # V60 1. Corporation Name

UP-RIVER ADVENTURE, INC.

|  |                              |                                 |  | 7.5.48 (WALLES II FAA 1844 MA**  |  |                         |                             |                              |
|--|------------------------------|---------------------------------|--|--|--|-------------------------|-----------------------------|------------------------------|
| Principal Place of Business Mailing Address  4125 ADVENTIGE WAY P.O. BOY 979   |                              |                                 |  |  | Treat direct and a single street   |                         |                             |                              |
| 4125 ADVENTURE WAY<br>NOCATEE FL 33864   |                              | P.O.BOX 979<br>NOCATEE FL 33864 |  |  |  |                         |                             |                              |
|  |                              |                                 |  |  | 3. Date Incorporated or Qualified 08/21/1992   | 3a. Date                | of Last R<br>19/08/1        | Report<br><b>995</b>         |
| 2. Principal Place of Business   | 2a. Mailing Add              | dress                           |  |  | 4. FEI Number 64-0365624   |                         |                             | Applied For                  |
| Suite, Apt. #, etc.  | Suite, Apt.                  | # etc                           |  |  |  |                         |                             | Not Applicable  5 Additional |
| 2  | 27                           | , 0.0.                          |  |  | 5. Certificate of Status Desired   |                         | •                           | Required                     |
| City & State   | City & State                 | е                               |  |  | 6. Election Campaign Financing   | <u></u>                 | \$5.0                       | <b>0</b> May Be              |
| 3]   | 28                           | т                               |  |  | Trust Fund Contribution  |                         |                             | d to Fees                    |
| Zip Country 25   | Zip<br>29                    | ŀ                               | Countr<br>30   | У  | 8. This corporation has liability for Florida Statutes   | intangible ta<br>: 🗍 No | x under s                   | 199.032,                     |
| 9. Name and Address of Curren  |                              |                                 | 2011   |  | 10. Name and Address of New F  |                         | Agent                       |                              |
| AMERICAN AND AND AND AND AND AND AND AND AND A   |                              |                                 | 8  | 1 Name   | Test and an adults the last cost of the state of the stat |                         |                             |                              |
| HAMILTON, ROBERT A   |                              |                                 | 8  | 2 Street Addr  | ress (P.O. Box Number is Not Acceptal  | ole)                    |                             |                              |
| 1945 VERSAILLES ST   |                              |                                 |  |  |  |                         |                             |                              |
| SUITE 101  |                              |                                 | 8  | 3  |  |                         |                             |                              |
| SARASOTA FL 34239  |                              |                                 | 8  | 4 City   |  |                         | <b>85</b> Z                 | p Code                       |
| 11. Pursuant to the provisions of Sections 607.0502  | or compagning particle grant |                                 | ,  |  |  | FL                      |                             |                              |
| familiar with, and accept the obligations of, Section Section (Section) from the familiar with, and accept the obligations of, Section familiar with, and accept the obligations of the obligation of the obliga |                              |                                 |  |  |  | DATE                    |                             |                              |
| Signature typed or printed name of registered agent  | and life if applicable       | MOIE                            | Hogistered Ag  | ent signature recure   | d when reinstating)  | DATE                    |                             |                              |
| Signature typed or printed name of registered agent  OFFICERS AND  | D DIRECTORS                  |                                 | 13.  |  | d when reinstating) ADDITIONS/CHANGES TO OFF   | ICERS AND               |                             | <u></u>                      |
| Signature typed or printed name of repshired agent.  12. OFFICERS AND  TITLE PROMPHED AND CO.  |                              |                                 | <b>13.</b><br>1. 1 1/1/1   |  |  | ICERS AND               | DIRECTO<br>Change           | <del> </del>                 |
| Signature typed or printed near a of repishered agent.  12. OFFICERS AND  TILLE P  BROWN, JAMES G  4196 ADVENTURE WAY  | D DIRECTORS                  |                                 | 13.<br>1.1 1 1 1 L<br>1.2 NAME   |  |  | ICERS AND               |                             | <del> </del>                 |
| Signature typed or printed name of registered agent.  12. OFFICERS AND  ITTLE P  NAME BROWN, JAMES G  4125 ADVENTURE WAY  NOCATES EL 22964   | D DIRECTORS                  |                                 | 13.<br>1. 1 1// L<br>1.2 NAME<br>1.3 STREE   | ET ADORESS   |  | ICERS AND               |                             | <del> </del>                 |
| Signature typed or printed name of registered agent.  12. OFFICERS AND  TITLE P  BROWN, JAMES G  4125 ADVENTURE WAY  NOCATEE FL 33864  | D DIRECTORS                  | ELETE                           | 13.<br>1.1 1 1 1 L<br>1.2 NAME   | ET ADDRESS<br>-ST-ZIP  |  | ICERS AND               |                             | Add-tion                     |
| Signature typed or printed name of registered agent.  12. OFFICERS AND  TITLE P  BROWN, JAMES G  4125 ADVENTURE WAY  NOCATEE FL 33864  TITLE   | D DIRECTORS                  | ELETE                           | 13.<br>1. 1 1// (12. NAME<br>1.3 STREE<br>1.4 C(TY)  | ET ADDRESS<br>- ST-ZIP   |  | ICERS AND               | ] Change                    | Add-tion                     |
| Signature typed or printed name of registered agent.  12. OFFICERS AND  P BROWN, JAMES G 4125 ADVENTURE WAY NOCATEE FL 33864  TITLE NAME NAME  | D DIRECTORS                  | ELETE                           | 13. 1.1 HILLI 1.2 NAME 1.3 STREE 1.4 CITY 2.1 HILLI 2.2 NAME   | ET ADDRESS<br>- ST-ZIP   |  | ICERS AND               | ] Change                    | Add-tion                     |
| Signature typed or printed name of registered agent.  12. OFFICERS AND  P BROWN, JAMES G 4125 ADVENTURE WAY NOCATEE FL 33864  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS  | D DIRECTORS                  | ELETE                           | 13. 1.1 HILLI 1.2 NAME 1.3 STREE 1.4 CITY 2.1 HILLI 2.2 NAME   | ET ADDRESS -ST-ZIP   |  | ICERS AND               | ] Change                    | Add-tion                     |
| Signature typed or printed name of registered agent.  12. OFFICERS AND  P BROWN, JAMES G 4125 ADVENTURE WAY NOCATEE FL 33864  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  | D DIRECTORS                  | ELETE                           | 13. 1.1 HILL 1.2 NAME 1.3 STREE 1.4 CITY 2.1 HILL 2.2 NAME 2.3 STREE   | ET ADDRESS -ST-ZIP   |  | ICERS AND               | ] Change                    | Addition                     |
| Signature typed or printed name of registrated agent.  OFFICERS AND  P BROWN, JAMES G 4125 ADVENTURE WAY NOCATEE FL 33864  ITILE  VAME STREET ADDRESS CITY-ST-ZIP  ITILE  ITILE  ITILE  ITILE  ITILE  ITILE  OFFICERS AND  OFFICER | D DIRECTORS                  | ELETE                           | 13. 1.1 THU 1.2 NAME 1.3 STREE 1.4 C(TY- 2.1 THU 2.2 NAME 2.3 STREE 2.4 C(TY- 2.4 C(TY | ET ADDRESS - ST- ZIP ET ADDRESS - ST- ZIP  |  | ICERS AND               | Change                      | Addition                     |
| Signature typed or printed man is of registered agent.  12. OFFICE RS AND  P BROWN, JAMES G 4125 ADVENTURE WAY NOCATEE FL 33864  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | D DIRECTORS                  | ELETE                           | 13. 1.1 HILL 1.2 NAM 1.3 STRS 1.4 CITY 2.1 HILL 2.2 NAM 2.3 STRS 2.4 CITY 3.1 HILL 3.2 NAM   | ET ADDRESS - ST- ZIP ET ADDRESS - ST- ZIP  |  | ICERS AND               | Change                      | Addition                     |
| Signature typed or printed name of registered agent.  12. OFFICE RS ANE  P BROWN, JAMES G 4125 ADVENTURE WAY NOCATEE FL 33864  ITILE NAME STREET ADDRESS CITY-ST-ZIP  | D DIRECTORS DE               | CLETE<br>CLETE                  | 13. 1.1 TILL 1.2 NAM 1.3 STRS 1.4 CITY 2.1 TILL 2.2 NAM 2.3 STRS 2.4 CITY 3.1 TILL 3.2 NAM 3.3 STRS 3.4 CITY   | ET ADDRESS -SI-ZIP ET ADDRESS -SI-ZIP ET ADDRESS -SI-ZIP ET ADDRESS -SI-ZIP                    |  | C.                      | Change Change               | Addition                     |
| Signature typed or printed name of registrated agent.  12. OFFICE RS ANE  P BROWN, JAMES G 4125 ADVENTURE WAY NOCATEE FL 33864  IIILE NAME STREET ADDRESS CITY-ST-ZIP  IIILE  | D DIRECTORS                  | CLETE<br>CLETE                  | 13. 1.1 TILL 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TILL 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TILL 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TILL 4. | ET ADDRESS -SI-ZIP ET ADDRESS -SI-ZIP  |  | C.                      | Change                      | Addition                     |
| Signature typed or printed nan is of registrated agent.  IZ. OFFICE RS ANE P BROWN, JAMES G 4125 ADVENTURE WAY NOCATEE FL 33864  IIILE NAME STREET ADDRESS DITY-ST-ZIP IIILE NAME STREET ADDRESS DITY-ST-ZIP IIILE NAME STREET ADDRESS DITY-ST-ZIP IIILE NAME NAME NAME STREET ADDRESS DITY-ST-ZIP IIILE NAME  | D DIRECTORS DE               | CLETE<br>CLETE                  | 13. 1.1 TILL 1.2 NAM 1.3 STRS 1.4 CITY 2.1 TILL 2.2 NAM 2.3 STRS 2.4 CITY 3.1 TILL 3.2 NAM 3.3 STRS 3.4 CITY 4.1 TILL 4.2 NAM 4.3 NAM 4.4 NAM 4.4 NAM 4.4 NAM 4.5 NAM  | ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP  |  | C.                      | Change Change               | Addition                     |
| Signature typed or printed name of registered agent.  ITLE  BROWN, JAMES G  4125 ADVENTURE WAY  NOCATEE FL 33864  ITLE  IAME  ITLE  IAME  STREET ADDRESS  DITY-ST-7IP  ITLE  IAME  STREET ADDRESS  DITY-ST-7IP  ITLE  IAME  STREET ADDRESS  DITY-ST-7IP  ITLE  IAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  | D DIRECTORS DE               | CLETE<br>CLETE                  | 13. 1.1 TILL 1.2 NAM 1.3 STRS 1.4 CITY 2.1 TILL 2.2 NAM 2.3 STRS 2.4 CITY 3.1 TILL 3.2 NAM 3.3 STRS 3.4 CITY 4.1 TILL 4.2 NAM 4.3 STRS 4.3 STRS 4.4 STRS 4.4 STRS 4.5 STRS 5.5 | ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS                            |  | C.                      | Change Change               | Addition                     |
| Signature typed or product name of registered agent.  ITLE  ITLE  IAME  ITHE  IAME   | D DIRECTORS DE               | CLETE CLETE                     | 13. 1.1 TILL 1.2 NAM 1.3 STRS 1.4 CITY 2.1 TILL 2.2 NAM 2.3 STRS 2.4 CITY 3.1 TILL 3.2 NAM 3.3 STRS 3.4 CITY 4.1 TILL 4.2 NAM 4.3 NAM 4.4 NAM 4.4 NAM 4.4 NAM 4.5 NAM  | ET ADDRESS -ST-ZIP |  | C                       | Change Change               | Addition Addition Addition   |
| Signature typed or printed name of registered agent.  ITLE  BROWN, JAMES G  4125 ADVENTURE WAY  NOCATEE FL 33864  ITLE  IAME  STREET ADDRESS  DITY-ST-ZIP  ITLE   | D DIRECTORS DE               | CLETE CLETE                     | 13. 1.1 TILL 1.2 NAM 1.3 STRS 1.4 CITY 2.1 TILL 2.2 NAM 2.3 STRS 2.4 CITY 3.1 TILL 3.2 NAM 3.3 STRS 3.4 CITY 4.1 TILL 4.2 NAM 4.3 STRS 4.4 CITY 4.3 STRS 4.4 CITY  | ET ADDRESS -ST-ZIP |  | C                       | Change Change Change        | Addition Addition Addition   |
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| Signature Typed or printed men is of registrated agent.  12. OFFICE RS ANE TITLE P BROWN, JAMES G 4125 ADVENTURE WAY NOCATEE FL 33864  TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME  | D DIRECTORS DE               | CLETE CLETE                     | 13. 1.1 TILL 1.2 NAM 1.3 STRS 1.4 CITY 2.1 TILL 2.2 NAM 2.3 STRS 2.4 CITY 3.1 TILL 3.2 NAM 3.3 STRS 3.4 CITY 4.1 TILL 4.2 NAM 4.3 STRS 4.4 CITY 5.1 TILL 5.2 NAM 5.3 STRS 5.4 CITY 5.3 STRS 5.4 CITY 5.4 CITY 5.4 CITY 5.5 STRS 5.4 CITY   | ET ADDRESS -ST-ZIP   |  | C                       | Change Change Change Change | Addition Addition Addition   |
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AND TYPED OR PRINTED NAME OF SWANIG OFFICER OR DIRECTOR