

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 5:18

DOCUMENT # F33774 (3)

1. Corporation Name

ISLAND QUEEN SIGHTSEEING TOURS, INC.

Principal Place of Business

401 BISCAYNE BLVD.
DOCK SLIP 2 MIAMARINA
MIAMI FL 33132
US

Mailing Address

2925 SEMINOLE STREET
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/07/1981

3a. Date of Last Report

01/20/1994

4. FEI Number

59-2093575

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

15640 Bellanca Lane

Wellington Fl

33414

Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOFGE, CHARLES
2925 SEMINOLE STREET
COCONUT GROVE 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DP
SOFGE, CHARLES E
2925 SEMINOLE ST.
COCONUT GROVE FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

15640 Bellanca Lane
West Palm Beach FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DV
SOFGE, FLORA
2925 SEMINOLE STREET
COCONUT GROVE FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

33414-8309

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

SAME ADDRESS AS
ABOVE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 officer 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 as an attachment with an address.

SIGNATURE:

[Signature]
Signature typed or printed name of signing officer or director

Flora Sofge

Date

3/15/95 305-399-5119

Telephone Number