

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H84854** (9)

1. Corporation Name
TOUR USA INTERNATIONAL, INC.



Principal Place of Business

1030 S. FEDERAL HWY.
LAKE WORTH FL 33460

Mailing Address

1030 S. FEDERAL HWY.
LAKE WORTH FL 33460

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**KONTTINEN, MARK
4740 KOKOMO DR.
LAKE WORTH FL 33463**

3. Date Incorporated or Qualified
11/08/1985

3a. Date of Last Report
02/23/1995

4. FET Number
59-2642791

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

10. Name and Address of New Registered Agent

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 607.0302 and 607.1503, 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 607.0305, Florida Statutes.

SIGNATURE

(Type in full Agent signature in block 10)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> DELETE
NAME	P KONTTINEN, MARK
STREET ADDRESS	4740 KOKOMO DR LAKE WORTH FL 33463
CITY, ST, ZIP	LAKE WORTH FL 33463
1. TITLE	<input type="checkbox"/> DELETE
NAME	VT NIKUNEN, RAIMO
STREET ADDRESS	1030 S FEDERAL HWY LAKE WORTH FL 33460
CITY, ST, ZIP	LAKE WORTH FL 33460
1. TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
1. TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
1. TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 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 change of, or on deletion of, with an address.

SIGNATURE: **MARK KONTTINEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96 407/588-0460

CR2E034 (12/95)