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Apr 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000002462

1. Corporation Name
FASCINATION TRAVEL AND TOURS INC.

Principal Place of Business
7601 E TREASURE DR
STE 1614
N BAY VILLAGE FL 33141
US

Mailing Address
7601 E TREASURE DR
STE 1614
N BAY VILLAGE F 33141
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 # 2011 7601 E TREASURE DR
22 NORTH BAY VILLAGE FL
23 City & State
24 Zip 33141 25 Country USA

2a. Mailing Address
26 7601 E-TREASURE DR.
27 2011
28 NORTH BAY VILLAGE FL
29 Zip 33141 30 Country USA

3. Date Incorporated or Qualified
01/12/1993

4. FEI Number
65-0383939

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
SERGIO, PIRES
7601 E TREASURE DR
SUITE 1614 2011
NORTH BAY VILLAGE FL 33141

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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	SERGIO, PIRES	7601 E TREASURE DR, SUITE 1614 2011	NORTH BAY VILLAGE FL 33141	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-99 3054094914
Date Daytime Phone #

CR2E034 (1/198)