

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

FILED

**Feb 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000020014 (2)

1. Corporation Name
HONEY TOURS, INC.



Principal Place of Business
**5750 MAJOR BOULEVARD #310
ORLANDO FL 32819**

Mailing Address
**5750 MAJOR BOULEVARD #310
ORLANDO FL 32819-7899**

3. Date Incorporated or Qualified 03/01/1996	3a. Date of Last Report
4. FEI Number 59-3364559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite Apt # etc 202	26 Suite, Apt. #, etc. 202
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**CORREIA, VERA M
5750 MAJOR BOULEVARD #310
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **St 202**
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	CORREIA, VERA M
STREET ADDRESS	5750 MAJOR BOULEVARD #310
CITY - ST - ZIP	ORLANDO FL 32819
TITLE	D <input type="checkbox"/> DELETE
NAME	BIANCHINI, VERONICA
STREET ADDRESS	5750 MAJOR BOULEVARD #310
CITY - ST - ZIP	ORLANDO FL 32819
TITLE	D <input type="checkbox"/> DELETE
NAME	FREIER, FERNANDA
STREET ADDRESS	5750 MAJOR BOULEVARD #310
CITY - ST - ZIP	ORLANDO FL 32819
TITLE	D <input type="checkbox"/> DELETE
NAME	ANTUNES, ROBERTA
STREET ADDRESS	5750 MAJOR BOULEVARD #310
CITY - ST - ZIP	ORLANDO FL 32819
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	St 202
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	St 202
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	St 202
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	St 202
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500002088615
6.3 STREET ADDRESS	-02/17/97--01006--022
6.4 CITY - ST - ZIP	***165.00

14. I do 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, changed, or on an attachment with an address

SIGNATURE: *[Signature]* **1-10-97** **407-354-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)