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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DIVISION OF DOCUMENT # P96000025084 (0)

SUNWARD TOURS, INC. Principal Place of Business Mailing Address 2290 JASON STREET 300 SEVILL AVE MERRITT ISLAND FL 32952 STE #305 DO NOT WRITE IN THIS SPACE CORAL GABLES FL 33134 3. Date Incorporated or Qualified 03/18/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3368484 21 Not Applicable 26 Suite, Apt. #, etc. Suite. Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zφ Country Country 8. This corporation owes or has paid the current year intangible IX No Yes 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FELDMAN, ROBERT L 300 SEVILLA AVE STE 305 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 Zip Code 64 City 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: typest or printed name of regulariset majorit and total applicable (NOTE: Registered Agent signature required when rainstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE DELETE 1.1 TITLE Change Addition **BODCHON, DAVID S** NAME 1.2 NAME 2290 JASON STREET 1.3 STREET ADDRESS STREET ADDRESS **MERRITT ISLAND FL 32952** CITY-ST-ZIP 1.4 CITY-ST-ZIP 🔲 DELETË Change Addition TITLE 2.1 TITLE NAME BODCHON, MARGARET D 2.2 NAME STREET ADDRESS 2290 JASON STREET 2.3 STREET ADDRESS **MERRITT ISLAND FL 32952** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELFTE Addition 3.1 TITLE ☐ Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

64 CITY-ST-ZIP

14. Thereby 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 suppliemental 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

5.4 CITY-SY-ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Dikkol

David S. Bodchon, President

2 /1 2 /0 6

☐ Change

☐ Addition

**FILED** 

Feb 23 1998 8:00am

Secretary of State

CR2E034 (10/97)