

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000089935 (6)
 1. Corporation Name
PLANET TOUR, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3393 W VINE STREET #302 KISSIMEE FL 34741 US	Mailing Address 3393 W VINE STREET #302 KISSIMEE FL 34741 US
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3. Date Incorporated or Qualified 10/31/1996	4. FEI Number 59-3415475	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 5850 LAKEHURST DRIVE Suite, Apt. #, etc.	2a. Mailing Address 26 5850 LAKEHURST DRIVE Suite, Apt. #, etc.
22 SUITE 270-3 City & State	27 SUITE 270-3 City & State
23 ORLANDO, FL Zip Country 24 32819 25 US	28 ORLANDO, FL Zip Country 29 32819 30 US

9. Name and Address of Current Registered Agent

**BRUMER, BARRY N ESQ
 5728 MAJOR BLVD
 SUITE 211
 ORLNADO FL 32819**

10. Name and Address of New Registered Agent

81 Name RAMOS, JOSE L.	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 5381-B HOFFNER AVE.	
84 City ORLANDO FL	85 Zip Code 32812

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 *Jose L. Ramos* **JOSE L. RAMOS** 2/4/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME HACKRADT, TANIA	
STREET ADDRESS 6201 DARTMOOR COURT	
CITY-ST-ZIP ORLANDO FL 32819-4833	
TITLE ST	<input type="checkbox"/> DELETE
NAME SGAMBATTI, SIDNEY P	
STREET ADDRESS 6201 DARTMOOR COURT	
CITY-ST-ZIP ORLANDO FL 32819-4833	
TITLE TS	<input type="checkbox"/> DELETE
NAME SGAMBATTI, SIDNEY P	
STREET ADDRESS 6201 DARTMOOR COURT	
CITY-ST-ZIP ORLANDO FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Tania Hackradt* **TANIA HACKRADT** 04/08/98 (407) 345-5550

CR2E034 (10/97)