

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S14575** (2)

1. Corporation Name  
**CITADEL TOURS, INC.**



Principal Place of Business: **7400 INTERNATIONAL DR SUITE 1105 ORLANDO FL 32819**  
Mailing Address: **7400 INTERNATIONAL DR SUITE 1105 ORLANDO FL 32819**

3. Date Incorporated or Qualified: **11/14/1990**  
3a. Date of Last Report: **04/25/1995**

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

4. FEI Number: **59-3049679**  
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

**9. Name and Address of Current Registered Agent**

**AZNAR, JUDIT  
6433 ROCKINGTREE LANE  
ORLANDO FL 32819**

**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 I understand the obligations of, Chapter 607, Florida Statutes.

SIGNATURE: *Judit Aznar* DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE: <b>VP</b>	<input type="checkbox"/> DELETE
NAME: <b>AZNAR, JUDIT</b>	
STREET ADDRESS: <b>6433 ROCKINGTREE LANE</b>	
CITY-STATE-ZIP: <b>ORLANDO FL</b>	
TITLE: <b>P</b>	<input type="checkbox"/> DELETE
NAME: <b>AZNAR, JORGE</b>	
STREET ADDRESS: <b>6433 ROCKINGTREE LN</b>	
CITY-STATE-ZIP: <b>ORLANDO FL 32819</b>	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-STATE-ZIP:	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE: <b>V-P/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: <b>Aznar, Judit</b>	
1.3 STREET ADDRESS: <b>6433 Rockingtree LN</b>	
1.4 CITY-STATE-ZIP: <b>Orlando, FL 32819</b>	
2.1 TITLE: <b>P/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: <b>Aznar, Jorge</b>	
2.3 STREET ADDRESS: <b>6433 Rockingtree LN</b>	
2.4 CITY-STATE-ZIP: <b>Orlando, FL 32819</b>	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-STATE-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-STATE-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-STATE-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-STATE-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 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, on the attachment with an address.

SIGNATURE: *JAN 24/96 407-3458687*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

CR2E034 (12/95)