

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F - 12087
1. Corporation Name
CERTIFIED TOURS, INC.

Principal Place of Business Mailing Address
**110 E. Broward Blvd.
P.O. Box 1525
Fort Lauderdale, FL 33301**

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

3. Date Incorporated or Qualified 12/18/80	3a. Date of Last Report 2/16/96
4. FEI Number 59-2074101	Applied For 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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**Dennis Dustin Smith
C/O Tripp Scott Conklin & Smith
110 S.E. 6th Street, 28th Floor
Fort Lauderdale, FL 33301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (Type, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
	See Attached			
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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*****173.75**

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 if changed, or on an attachment with an address.

SIGNATURE:  **Raymond Lewis** 4/28/97 (954) 522-1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**Certified Tours, Inc.
Annual Report
Supplemental Information**

Officers:

President
Raymond Lewis
110 E. Broward Blvd., 14th Floor
Fort Lauderdale, FL 33301

Senior Vice President
Robert Blumberg
110 E. Broward Blvd., 14th Floor
Fort Lauderdale, FL 33301

Vice President
Celeste V. Allen
110 E. Broward Blvd., 14th Floor
Fort Lauderdale, FL 33301

Vice President
Beverly McKnight
110 E. Broward Blvd., 14th Floor
Fort Lauderdale, FL 33301

Vice President
Ronald Essig
110 E. Broward Blvd., 14th Floor
Fort Lauderdale, FL 33301

Secretary
Norman D. Tripp
110 S.E. 6th Street, 28th Floor
Fort Lauderdale, FL 33301

Treasurer
Rosalie V. Arthur
110 S.E. 6th Street, 28th Floor
Fort Lauderdale, FL 33301

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Directors:

Michael S. Egan
110 S.E. 6th Street, 29th Floor
Fort Lauderdale, FL 33301

Roger H. Ballou
110 S.E. 6th Street, 29th Floor
Fort Lauderdale, FL 33301

Rosalie V. Arthur
110 S.E. 6th Street, 29th Floor
Fort Lauderdale, FL 33301

William H. Kelly Jr.
55 East Monroe Street
Suite 4620
Chicago, IL 60603

Edward Morse
1240 N. Federal Highway
Fort Lauderdale, FL 33304