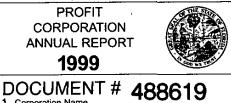
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

'Secretary of State DIVISION OF CORPORATIONS

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90174 018 ***150.00

TICKETS	, tours and cruises,	INC.									
Principal Place	e,of Business	Mailing Addres		-		7	i immili aldāt tājal imila gijās it	DIA HELY BIRNI AI	916 6 1861 B1811	81814 B1811 (SB)	
941 N.VENETIAN DR. 941 N.VENETIAN DR. MIAMI FL 33139 MIAMI FL 33139							DO NỐT WỚI	TE IN THIS	SPACE		
	-					3.	Date Incorporated or Qualifed 10/29/1975				
2. Principal Place of Business 2a. Ma 21 26			ng Address			4.	FEI Number 59-1629599	· <u>.</u>		plied For ot Applicable	
Suite, Apt.	#, etc.	27				5.	Certifcate of Status Desired		\$8.75 / Fee Re	equired	
City & State	· · · · · · · · · · · · · · · · · · ·	28				\perp	Election Campaign Financing Trust Fund Contribution		\$5.00 Added		
Zip 24	Country 25	Zip 29	30	Country	/ 	1	This corporation owes the curr Personal Property Tax.		Yes	□No	
	9. Name and Address of Curre	nt Registered Agen	ι	81	Name	10.	Name and Address of New I	redistain 1	Janu		
LEATON, LISELOTTE 941 N VENETIAN DRIVE			82		ess (F	O.O. Box Number is Not Accepta	ible)	·			
	MI FL 33139			83							
				84	City			FL	85 Zip	Code	
agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607 1508, Flo e of Florida. Such cha ations of, Section 60	orida Statutes, th inge was author 7.0505, Florida S	e abov ized by statutes	re-named corp the corporations.	oratio	n submits this statement for the perd-of-directorsl:hereby:acce	purpose of of the appoin	changing its itment as re	registered gistered	==
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Regis	ered Age	nt signature required	d when	einstating)	DATE			, ;
12.		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AN			. !
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NAME	LEATON, LISELOTTE			2 NAME						Ì	. !
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STREET ADDRESS			I.		T 710						

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, with all other like empowered.

Daytime Phone #