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FILED

Feb 21 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 564034 (7)

1. Corporation Name

WORLD MISSIONS TOURS INTERNATIONAL, INC.

Principal Place of Business

641 DESOTO DRIVE  
PO BOX 660515  
MIAMI SPRINGS FL 33166

Mailing Address

641 DESOTO DRIVE  
PO BOX 660515  
MIAMI SPRINGS FL 33166-6012

3. Date Incorporated or Qualified

11/30/1977

3a. Date of Last Report

02/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

30

4. FEI Number

59-1786632

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCOMAS, CHARLES B.  
940 HUNTING LODGE DRIVE  
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name

MCCOMAS, CHARLES B.

82 Street Address (P.O. Box Number is Not Acceptable)

83

1147 HILLSBORO MILE

84 City

HILLSBORO BEACH

FL

85 Zip Code

33062

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD  
NAME MCCOMAS, W.H. SR  
STREET ADDRESS 450 RAGAN DR.  
CITY-ST-ZIP MIAMI SPRINGS FL☐ DELETETITLE ST  
NAME MCCOMAS, LOUISE  
STREET ADDRESS 450 RAGAN DR.  
CITY-ST-ZIP MIAMI SPRINGS FL☐ DELETETITLE D  
NAME MCCOMAS, LOUISE  
STREET ADDRESS 450 RAGAN DR.  
CITY-ST-ZIP MIAMI SPRINGS FL☐ DELETETITLE PD  
NAME MCCOMAS, CHARLES B.  
STREET ADDRESS 940 HUNTING LODGE BLVD.  
CITY-ST-ZIP MIAMI SPRINGS FL☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

\* Charles B. Mortham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/97

305 855-4061

CR2E034 (9/96)