

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F01672** (7)

1. Corporation Name
AMERICAN TOUR AND CRUISE SERVICE, INC.



Principal Place of Business: **120 E STUART AVE LAKE WALES FL 33853-4156 US**
Mailing Address: **120 E STUART AVE LAKE WALES FL 33853-4156 US**

3. Date Incorporated or Qualified: **10/15/1980**
3a. Date of Last Report: **03/09/1995**
4. FEI Number: **59-2034766**
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

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent

SENN, MARGARETA (DECEASED)
120 EAST STUART AVENUE LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name: **SENN, FRANK H.**
82 Street Address (P.O. Box Number is Not Acceptable): **120 EAST STUART AVENUE**
83
84 City: **LAKE WALES, FL** 85 Zip Code: **33859**

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 the filer, if applicable) (Type Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

1. TITLE: **DP** DELETE
NAME: **SENN, MARGARETA**
STREET ADDRESS: **571 CLUBHOUSE DR**
CITY-ST-ZIP: **LAKE WALES FL**

2. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

3. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

4. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

5. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

6. TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: **DP** Change Addition
NAME: **SENN, FRANK H.**
STREET ADDRESS: **571 CLUB HOUSE DR.**
CITY-ST-ZIP: **LAKE WALES, FL 33853**

2. TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

3. TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

4. TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

5. TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

6. TITLE: Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-ST-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, or on an attachment with an address.

SIGNATURE: **FRANK H. SENN** 941-676-7621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)