

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90267 004 \*\*\*150.00

DOCUMENT # F12087

1. Corporation Name  
CERTIFIED TOURS, INC.

Principal Place of Business  
110 E BROWARD BLVD  
P.O. BOX 1525  
FT. LAUDERDALE FL 33301

Mailing Address  
110 E BROWARD BLVD  
P.O. BOX 1525  
FT. LAUDERDALE FL 33301



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1980

4. FEI Number

59-2074101

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C/O TRIPP, SCOTT C  
SMITH, DENNIS DUSTIN  
110 SE 6TH STREET 28TH FLOOR  
FT. LAUDERDALE FL 33301

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME EGAN, MICHAEL S  
STREET ADDRESS 333 LAS OLAS BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

1.1 TITLE Treasurer & D ☐ Change ☒ Addition  
1.2 NAME Allen, Celeste V.  
1.3 STREET ADDRESS 110 E. Broward Blvd.  
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE VPT ☒ DELETE  
NAME ALLEN, CELESTE  
STREET ADDRESS 110 BROWARD BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

2.1 TITLE Assistant Treasurer ☐ Change ☒ Addition  
2.2 NAME Fischer, Robert  
2.3 STREET ADDRESS 110 E. Broward Blvd.  
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE VP ☒ DELETE  
NAME MOONEY, JOHN T  
STREET ADDRESS 110 EAST BROWARD BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

3.1 TITLE Assistant Secretary & D ☐ Change ☒ Addition  
3.2 NAME Arthur, Rosalie V.  
3.3 STREET ADDRESS 333 Las Olas Blvd.  
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE S ☐ DELETE  
NAME TRIPP, NORMAN D  
STREET ADDRESS 110 S.E. 6TH STREET  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

4.1 TITLE Assistant Secretary ☐ Change ☒ Addition  
4.2 NAME Segaul, Robin  
4.3 STREET ADDRESS 110 E. Broward Blvd.  
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE ASD ☐ DELETE  
NAME KELLY, WILLIAM H JR  
STREET ADDRESS 55 EAST MONROE ST. STE. 4620  
CITY-ST-ZIP CHICAGO IL 60603

5.1 TITLE President & D ☐ Change ☒ Addition  
5.2 NAME Mooney, John T.  
5.3 STREET ADDRESS 110 E. Broward Blvd.  
5.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE D ☐ DELETE  
NAME ARTHUR, ROSALIE V  
STREET ADDRESS 333 EAST LAS OLAS BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL 33301

6.1 TITLE Vice President & President ☐ Change ☒ Addition  
6.2 NAME Hanratty, John  
6.3 STREET ADDRESS 110 E. Broward Blvd.  
6.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0503, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0279797