

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F22279 (6)

1. Corporation Name

INTERNATIONAL TOUR SERVICES, INC.

Principal Place of Business

**9388
9388 SIDNEY HAYES ROAD
ORLANDO FL 32824
US**

Mailing Address

**9388
9388 SIDNEY HAYES ROAD
ORLANDO FL 32824
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1981

3a. Date of Last Report

05/26/1994

4. FBI Number

59-2142491

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21
Suits, Apt. #, etc.

2a. Mailing Address

26
Suits, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24
Country

9. Name and Address of Current Registered Agent

**TOFFANELLO, ANGELO
9388 SIDNEY HAYES ROAD
ORLANDO FL 32824**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number 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 the 4 applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **ST**
NAME **DINGER, JUDI**
STREET ADDRESS **5850 LAKEHURST DR. #100**
CITY - ST - ZIP **ORLANDO FL**

TITLE **P**
NAME **TOFFANELLO, ANGELO**
STREET ADDRESS **904 SUMMER LAKES DRIVE**
CITY - ST - ZIP **ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 **1** **TITLE** ☐ Change ☐ Addition

12 **NAME**

13 **STREET ADDRESS**

14 **CITY - ST - ZIP**

2 **1** **TITLE** ☐ Change ☐ Addition

22 **NAME**

23 **STREET ADDRESS**

24 **CITY - ST - ZIP**

3 **1** **TITLE** ☐ Change ☐ Addition

32 **NAME**

33 **STREET ADDRESS**

34 **CITY - ST - ZIP**

4 **1** **TITLE** ☐ Change ☐ Addition

42 **NAME**

43 **STREET ADDRESS**

44 **CITY - ST - ZIP**

5 **1** **TITLE** ☐ Change ☐ Addition

52 **NAME**

53 **STREET ADDRESS**

54 **CITY - ST - ZIP**

6 **1** **TITLE** ☐ Change ☐ Addition

62 **NAME**

63 **STREET ADDRESS**

64 **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(1)(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 addition, with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #