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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G26939

(0)

GOLDEN TOURS AND TRAVEL INC.

FILED Apr 11 1997 8:00am Secretary of State

Principal Place	e of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·			
% M. SUZY WONG CHAN 851 NO. GOLDENROD RD. ORLANDO FL 32807		% M. SUZY WONG CHAN 851 NO. GOLDENROD RD. ORLANDO FL 32807-6205					
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/08/1983 02/20/1996		•	
1	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21	10 1 20 1 14 10 200 M IAA 120 10 10 10 10 10 10 10 10 10 10 10 10 10	26			59-2266772		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee	Additional Required
City & State	€	City & State			6. Election Campaign Financing		May Be
Z (p)	Country	28	Count	nv	Trust Fund Contribution		d to Fees
24	25	29	30	' '	8. This corporation has liability for in Florida Statutes	intangible tax undel ☐ Yes ☐ No	S. 199.032,
Z1	9. Name and Address of Curre		1901		10. Name and Address of New Re		
CHA	N, M. SUZY WONG	***************************************	8	1 Name			***************************************
	NO. GOLDENROD RD.		8	3 Ctroot Ado	Irona (D.O. Boy Number is Not Assentab	loì	
	ANDO FL 32807		18	Z Street Add	dress (P.O. Box Number is Not Acceptab	же)	
	10012 0200.		8:	3			
			-	4 00		12-11-3-	
			8	4 City		FL 85 Zi	p Code
O RGC OF I	egistered agent, or both, in the star em familiar with, and accept the obli	nations of Section 607 0505	S autriorizeu i Florida Statuti	oy ine corpora	rporation submits this statement for the pation's board of directors. I hereby accep	or the appointment	ลง เลลิเกเลก
SIGNATURE					uired when reinstating)	DATE	
•	Signature, by est or printed name of registricid a				uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE	Signature, by est or printed name of registricid a	gent and tille if applicable. (N	OTE Flagislared A	gent signature requ		· · · · · · · · · · · · · · · · · · ·	
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