

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G62185** (5)
1. Corporation Name
WYDER TOURS, INC.

Principal Place of Business 1428 BRICKELL AVE. #402 MIAMI FL 33131 US	Mailing Address 1428 BRICKELL AVE. #02 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/01/1983	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2330444		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WEIDER, BARRY 1085 NE 125TH ST., #409 NORTH MIAMI FL 33161		10. Name and Address of New Registered Agent	
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 607.0504, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent or officer; Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	1.1 TITLE		
NAME	1.2 NAME		
STREET ADDRESS	1.3 STREET ADDRESS		
CITY-ST-ZIP	1.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	2.2 NAME		
NAME	2.3 STREET ADDRESS		
STREET ADDRESS	2.4 CITY-ST-ZIP		
CITY-ST-ZIP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	3.2 NAME		
TITLE	3.3 STREET ADDRESS		
NAME	3.4 CITY-ST-ZIP		
STREET ADDRESS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	4.2 NAME		
<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
TITLE	4.4 CITY-ST-ZIP		
NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5.2 NAME		
CITY-ST-ZIP	5.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

14. I 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: _____

2-10-98 305-273-8687

CR2E034 (10/97)