

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H84854

1. Entity Name  
MIDNIGHT SUN TOURS, INC.



FILED

04 MAY 21 PM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1030 S. FEDERAL HWY.  
LAKE WORTH, FL 33460

Mailing Address  
ONE RIVERWAY, #500  
HOUSTON, TX 77056

2. Principal Place of Business  
220 S. DIXIE HIGHWAY

Suite, Apt. #, etc.

SUITE 2

City & State

LAKE WORTH, FL

Zip

33460

Country

3. Mailing Address

c/o AMERICAN COACH LINES

Suite, Apt. #, etc.

705 LIVELY AVENUE

City & State

NORCROSS, GA

Zip

30071

Country

05192004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2642791

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET, STE. 105  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

200036992442

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE ASD  
NAME ROSECRANS, SHAYNE A  
STREET ADDRESS ONE RIVERWAY, STE 500  
CITY-ST-ZIP HOUSTON, TX 77056 ☒ Delete

TITLE VDCS  
NAME LONGO, ROBERT  
STREET ADDRESS ONE RIVERWAY, STE 500  
CITY-ST-ZIP HOUSTON, TX 77056 ☒ Delete

TITLE D  
NAME BELL, LINDA  
STREET ADDRESS ONE RIVERWAY, STE 500  
CITY-ST-ZIP HOUSTON, TX 77056 ☒ Delete

TITLE DT  
NAME YOUNG, DAVID  
STREET ADDRESS ONE RIVERWAY, STE 500  
CITY-ST-ZIP HOUSTON, TX 77056 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME ROBERT FINKE  
STREET ADDRESS 220 S. DIXIE HIGHWAY - SUITE 2  
CITY-ST-ZIP LAKE WORTH, FL 33460 ☐ Change ☒ Addition

TITLE VP/S/D  
NAME MARK KONTINEN  
STREET ADDRESS 220 S. DIXIE HIGHWAY - SUITE 2  
CITY-ST-ZIP LAKE WORTH, FL 33460 ☐ Change ☒ Addition

TITLE VP/AS/D  
NAME MICHAEL C. LEE  
STREET ADDRESS 780 THIRD AVENUE, 40th FL  
CITY-ST-ZIP NEW YORK, NY 10017 ☐ Change ☒ Addition

TITLE VP/AS/D  
NAME GEORGE J. HENRY  
STREET ADDRESS 780 THIRD AVENUE, 40th FL  
CITY-ST-ZIP NEW YORK, NY 10017 ☐ Change ☒ Addition

TITLE D  
NAME WILLIAM BERGSTROM  
STREET ADDRESS 705 LIVELY AVENUE  
CITY-ST-ZIP NORCROSS, GA 30071 ☐ Change ☒ Addition

TITLE D  
NAME DOUGLAS H. BAGIN  
STREET ADDRESS 780 THIRD AVENUE, 40th FL  
CITY-ST-ZIP NEW YORK, NY 10017 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

GEORGE J. HENRY

05-19-04

(212) 319-3633

Date

Daytime Phone #

282

**ADDITIONAL DIRECTORS**

D  
OTTAVIO SERENA  
780 THIRD AVENUE, 40<sup>th</sup> FL  
NEW YORK, NY 10017

D  
CHRISTOPHER F. CARMEL  
780 THIRD AVENUE, 40<sup>th</sup> FL  
NEW YORK, NY 10017

D  
JOSEPH VITTORIA  
780 THIRD AVENUE, 40<sup>th</sup> FL  
NEW YORK, NY 10017



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 668211 7266721

AUTHORIZATION : *Patricia Pizano*

COST LIMIT : \$ 150.00

ORDER DATE : May 20, 2004

ORDER TIME : 9:48 AM

ORDER NO. : 668211-030

CUSTOMER NO: 7266721

CUSTOMER: Ms. Julie Mendoza  
Pitney, Hardin, Kipp & Szuch  
685 Third Avenue

New York, NY 10017

ANNUAL REPORT FILING

NAME: MIDNIGHT SUN TOURS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman-EXT#2908

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
04 MAY 21 AM 10:35  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA