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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H86248 (2)

1. Corporation Name
GLOBAL TOURING INC.



Principal Place of Business
1150 SW 10TH AVE
POMPANO BEACH FL 33069

Mailing Address
1150 SW 10TH AVE
POMPANO BEACH FL 33069-4631

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 11/20/1985 | 3a. Date of Last Report 04/04/1996 |
| 4. FEI Number 59-2302645 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

PICKENS, JENNIFER R.
4601 N.W. 9TH AVENUE
POMPANO BEACH FL

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name Ross, Jennifer |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 4601 NW 9th Ave |
| 84 City Pompano Beach |
| 85 Zip Code FL 33064 |

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 *Jennifer Ross* (NOTE: Registered Agent signature required when reinstating) DATE *Apr 03 97*

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE PS | <input type="checkbox"/> DELETE | 1.1 TITLE PS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME PICKENS, JENNIFER R. | | 1.2 NAME Ross, Jennifer | |
| STREET ADDRESS 4601 N.W. 9TH AVE. | | 1.3 STREET ADDRESS 4601 NW 9th Ave | |
| CITY-ST-ZIP POMPANO BEACH FL | | 1.4 CITY-ST-ZIP Pompano Beach FL | |
| TITLE VPT | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME VANDERKAY, ROBERT H. | | 2.2 NAME | |
| STREET ADDRESS 3426 LAKEVIEW BLVD. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP DELRAY BEACH FL | | 2.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME JONES, VIRGINIA | | 3.2 NAME | |
| STREET ADDRESS 305 N POMPANO BCH BLVD | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP POMPANO BEACH FL | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 do 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: *Jennifer Ross* DATE: *Apr 03 97*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)