

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90084 043 ***150.00

0166374

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # H86248
 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
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/20/1985
4. FEI Number 59-2302645
Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> 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
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 1320 S. Dixie Hwy West Suite, Apt. #, etc. 22 13 W	2a. Mailing Address 26 1320 S. Dixie Hwy West Suite, Apt. #, etc. 27 13 W
City & State 23 Pompano Beach FL Zip Country 24 33060 25 USA	City & State 28 Pompano Beach FL Zip Country 29 33060 30 USA

9. Name and Address of Current Registered Agent ROSS, JENNIFER 4601 N.W. 9TH AVENUE POMPANO BEACH FL	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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PS <input type="checkbox"/> DELETE
NAME	ROSS, JENNIFER
STREET ADDRESS	4601 N.W. 9TH AVE.
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	VPT <input type="checkbox"/> DELETE
NAME	VANDERKAY, ROBERT H.
STREET ADDRESS	3426 LAKEVIEW BLVD.
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JONES, VIRGINIA
STREET ADDRESS	305 N POMPANO BCH BLVD
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: Jennifer Ross **REQUIRED** 3-31-99
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)