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

CORPORATION ANNUAL REPORT 1998



J42493

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

(3)

KATHY'S TOURS, INC.

DOCUMENT #

Delegated Diagonal Descine

Fillicipal Fiace of business				Maining Address,				ļ			
4169 LAMSON AVE STE. 111 SPRINGHILL FL 34608			4169 LAMSON AVENUE SUITE 111 SPRINGHILL FL.34808					DO NOT WRITE IN THIS SPACE			
US			U	US				3. Date Incorporated or Qualified			
								<u>11/17/1986</u>			
2. Principal Place of Business			2a.	2a. Mailing Address				4. FEI Number	Applied For		
21			26					_ 59-2769809	Not Applicable		
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 Additional ee Required	
23	City & State			City & State				6. Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees	
24	Zip	Cauntry 25	29	Zip	30 Co	üntry		8. This corporation owes or has paid the curr Personal Property Tax due June 30,	rent ye Yes		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
	LAROCCO, KA	•			•	81	Name			_	
SPRINGHILL FL 34607					82	82 Street Address (P.O. Box Number is Not Acceptable)					
					83	33					
						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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change TITLE LAROCCO, KATHERINE P. 5267 PALISADE DR. 1.3 STREET ADDRESS SPRINGHILL FL DELETE ☐ Change ___ Addition 2.1 TITLE LAROCCO, ROBERT 2.2 NAME 5267 PALISADE DR. STREET ADDRESS 2.3 STREET ADDRESS SPRINGHILL FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition 3.1 TITLE Change 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIF DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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:

SIGNATURE REQUIRED

FILED

Jan 26 1998 8:00am

Secretary of State