FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # J46873 (2)

1. Corporation Name
CENTURY TOUR & TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
7022 TALBOT DR. ORLANDO FL 32819	7022 TALBOT DR. ORLANDO FL 32819

3. Date Incorporated or Qualified: 12/10/1986
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2760296 — Applied For / Not Applicable
5. Certificate of Status Desired — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes — Yes / No

2. Principal Place of Business
21
22 Suite, Apt. #, etc. Century Tours 7843 St. Andrews Circle
23 City & State Orlando, Fla. 32835
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc. Century Tours 7843 St. Andrews Circle
28 City & State Orlando, Fla. 32835
29 Zip 30 Country

9. Name and Address of Current Registered Agent

ROMERO, JORGE ERNESTO
7022 TALBOT DR.
ORLANDO FL 32819

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROMERO, JORGE ERNESTO
STREET ADDRESS	7022 TALBOT DR.
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		Change / Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		Change / Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		Change / Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		Change / Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		Change / Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		Change / Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: J. E. Romero 4/25/95 (407) 2908964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061760 CP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

95 MAY -1 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J51983 (1)

1. Corporation Name
P C EXPRESS, INC.

Principal Place of Business: ~~15103 US HWY 19~~ ~~HUDSON FL 34667~~ US

Mailing Address: ~~15103 US HWY 19~~ ~~HUDSON FL 34667~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/09/1987	04/20/1994

2. Principal Place of Business
21 13266 BYRD DR #200
22 Suite, Apt. # etc.
23 City & State: ODESSA FL
24 Zip: 33556
25 Country: USA ~~PASCO~~

2a. Mailing Address
26 13266 BYRD DR
27 Suite, Apt. # etc.: Suite 200
28 City & State: ODESSA FL
29 Zip: 33556
30 Country: USA

4. FEI Number: 59-2761216 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LENT, CHARLES, JR
~~15103 US HWY 19~~ 13266 BYRD DR #200
~~HUDSON FL 33567~~ ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 13266 BYRD DR #200
83
84 City: ODESSA FL 85 Zip Code: 33556

11. [illegible] 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 [illegible] Florida Statutes.

SIGNATURE [signature]

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: D NAME: LENT, CHARLES, JR STREET ADDRESS: 7909 GULF WAY CITY-ST-ZIP: HUDSON FL	☒ Change ☐ Addition STREET ADDRESS: 19907 Pine Tree Rd CITY-ST-ZIP: ODESSA FL 33556
TITLE: D NAME: LENT, LINDA STREET ADDRESS: 7909 GULFWAY CITY-ST-ZIP: HUDSON FL	☒ Change ☐ Addition STREET ADDRESS: 19907 Pine Tree RD CITY-ST-ZIP: ODESSA FL 33556
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

14. I the undersigned, certify that the information supplied with this filing is voluntary, furnished and 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: [signature] 4/29/95 813 920 9966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0364914 CP