

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90096 002 \*\*\*150.00

DOCUMENT # **J79430**

1. Corporation Name  
**STAR TOURS CO.**

Principal Place of Business  
**6239 EDGEWATER DR.  
SUITE V-3  
ORLANDO FL 32810**

Mailing Address  
**6239 EDGEWATER DR.  
SUITE V-3  
ORLANDO FL 32810**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/12/1987**

4. FEI Number  
**58-1806899**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ 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 Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUSSEL, CAINE A  
6239 EDGEWATER DR.  
ORLANDO FL 32810**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DM CAINE, A R**  
STREET ADDRESS **4 OCEANS W BLVD, 201-C**  
CITY-ST-ZIP **DAYTONA BCH FL 32118**

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **D Anthony R. Caine III**  
1.3 STREET ADDRESS **724 EL PASO**  
1.4 CITY-ST-ZIP **Lakeland, FL 33805**

TITLE ☐ DELETE  
NAME **D CAINE, LOIS K**  
STREET ADDRESS **4 OCEANS W BLVD, 201-C**  
CITY-ST-ZIP **DAYTONA BCH SH FL 32118**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D CAINE, JONATHAN M.**  
STREET ADDRESS **160 RESERVE CIRCLE #204**  
CITY-ST-ZIP **OVEIDO FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D ZAITOUNEH, COLLEEN L**  
STREET ADDRESS **1150 W LARK DR**  
CITY-ST-ZIP **CHANDLER AZ 85248**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01 May 99**  
Date Daytime Phone #

CR2E034 (1/198)