

Amended - \$ 61.25
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

99 SEP 10 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K41514

1. Corporation Name

WELCOME USA TOURS INC.

Principal Place of Business

Mailing Address

SUITE 207
7041 GRAND NATIONAL DRIVE
ORLANDO
FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

24th October 1988

4. FEI Number

54 2917681

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21. 7041 GRAND NATIONAL DRIVE

2a. Mailing Address

26. AS ACROSS

Suite, Apt. #, etc.

22. 207

Suite, Apt. #, etc.

27.

City & State

23. ORLANDO, FLORIDA

City & State

28.

Zip

24. 32819

Country

25. USA

Zip

29.

Country

30.

9. Name and Address of Current Registered Agent

STEVE HEULEMANS
40 7041 GRAND NATIONAL DRIVE
ORLANDO
FL 32819

10. Name and Address of New Registered Agent

81. Name JOHN HEALEY
82. Street Address (P.O. Box Number is Not Acceptable)
3044 CRESTED CIRCLE
83.
84. City ORLANDO FL 85. Zip Code 32827

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

JOHN HEALEY Vice President

08/20/99

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME STEVE HEULEMANS
STREET ADDRESS 7041 GRAND NATIONAL DRIVE
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☒ DELETE
NAME LAURENT WASTHEL
STREET ADDRESS 17 BLVD ALBERT 1ST
CITY-ST-ZIP MONACO MC98000

TITLE ☒ DELETE
NAME CLAUDE MARTIN
STREET ADDRESS 13 AVE DES CASTELLANS
CITY-ST-ZIP MONACO MC 98000

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME NICHOLAS GRAY
1.3 STREET ADDRESS 2601 BURNING CIRCLE
1.4 CITY-ST-ZIP ORLANDO FL 32827

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME DAVID MCLAREN
2.3 STREET ADDRESS 1462 COLONIAL GARDEN BOND #1404
2.4 CITY-ST-ZIP ORLANDO FL 32827

3.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
3.2 NAME JOHN HEALEY
3.3 STREET ADDRESS 3044 CRESTED CIRCLE
3.4 CITY-ST-ZIP ORLANDO FL 32827

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 100002987841--9
4.4 CITY-ST-ZIP -09/15/99--01049--026
*****61.25 *****61.25

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

JOHN HEALEY Vice President 08/20/99 4073707900

(Signature typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (11/98)