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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

K75304

(1)

TERRY TOURS, INC.

1 (-1111)	100110, 1	110.								
1										
Principal Place of Business Mailing Address						_		- 1300101/12 011 18600 01/100 10/11 08/14 0 /00 11/01 6881 0	IEN EIEN EN	\$}
C/O RICHARD TERRY C/O RICHARD TERRY								1		
16499 N.E. 19TH AVE. SUITE 206 16499 N.E. 19TH AVE. SUITE 206								1		
N. MIAMI BEACH FL 33162 N. MIAMI BEACH FL 33162								DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified		
						_		03/24/1989		
2. Principal P	lace of Busin	ess	2a. Mailin	2a. Mailing Address				4. FEI Number		pplied For
21			26					65-0117755		ot Applicable
Suite, Apt.				Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & State			City & State				6. Election Campaign Financing	\$5.00	May Be	
23			28	F-7 -				Trust Fund Contribution Added to Fees		
Zip				Zip Cou				8. This corporation owes or has paid the current year Intangible		
24	25 29			30				Personal Property Tax due June 30. 🗹 Yes 🗌 No		
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered A	gent	
TERRY, RICHARD						31	Name			
2130 NE 171 ST						32	Street Addre	ess (P.O. Box Number is Not Acceptable)	-	· · · · · · · · · · · ·
NORTH MIAMI BEACH FL 33162						33			-	
					Į.	4		<u></u>		
					1,	34	City	FL	85 Zip	Code "
11. Pursuant	to the provisi	ons of Sections 607.0	502 and 607.150	8, Florida Statul	es, the ab	ve	-named corpo	pration submits this statement for the purpose of o	hanging i	ts registered
office or r	egistered age m familiar wit	ent, or both, in the Sta h. and accept the obl	te of Florida. Suc idations of, Section	h change was on 607.0505. Fi	authorized orida Statu	by tes	the corporation	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	ntment as	registered
SIGNATURE				•						
SIGNATORE	Signature, typed	or printed name of registered	agent and this if applical	ble. (NOT	E. Registered	Age	nt signature require	 		
12.		OFFICERS A	ND DIRECTORS		13.	_		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE				DELETE	1.1 Titl	E		· -··· L	Change	Addition
NAME	TERRY, RICHARD				AE .					
STREET ADDRESS		. 171 ST.			1.3 STR	ξET.	ADDRESS			
CITY-ST-ZIP					1.4 CIT	'-SI	T-ZIP			
TITLE	D			DELETE	2,1 TITL	Ε]	· [Change	Addition
NAME	TERRY,				2.2 NAA	Œ]			
Street address	2130 NE				2.3 STR	ŒT.	ADORESS	• •		1
CITY-ST-ZIP	N. MIAM	BEACH FL			2, 4 CIT	Y-\$	IT-ZIP			
TITLE				DELETE	3.1 TITL	E		Ļ	Change	Addition
NAME					3.2 NAN	Œ	ľ			•
STREET ADDRESS					3.3 STR	EET.	ADDRESS			1
CITY - ST - ZIP					3,4, CIT	Y-\$	T-ZIP			
TITLE	☐ DELETE 4.1		4.1 TITL	E			Change	Addition		
NAME					4. 2 NA	ΜE	ļ			
STREET ADDRESS					4.3 STR	EET .	ADDRESS			ſ
CITY-ST-ZIP					4,4 CITY	/-S7	T-ZIP			ļ
TITLE				DELETE	5.1 TITE	_			Change	Addition
NAME	1				5.2 NAN	ΊE				ł
STREET ADDRESS					5.3 STR	EET	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 ! 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.

5.4 CITY - ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

MULL DULLE E REJANICE ITERP

DELETE

1-9-97 (305)9498347 Date Daytime Phone # 0226555

Change

FILED

Jan 22 1998 8:00am

Secretary of State