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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90134 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **L26255**

1. Corporation Name
GRANDE TOURS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 11 FISHERY ROAD
 PLACIDA FL 33946
 US

Mailing Address
 P.O. BOX 281
 PLACIDA FL 33946

3. Date Incorporated or Qualified
10/27/1989

2. Principal Place of Business
 21 **12575 placida Rd**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 Suite, Apt. #, etc.

4. FEI Number
65-0156644

Applied For
 Not Applicable

22 City & State
 23 **Placida FL**

27 City & State
 28

5. Certificate of Status Desired **\$8.75** Additional Fee Required

24 Zip **33946** 25 Country **US**

29 Zip **30** Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, MARIAN E.
#11 FISHEY ROAD
PLACIDA FL 33946

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
12575 placida Rd
 83
 84 City **Placida** **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 **Marian E. Schneider** (NOTE: Registered Agent signature required when reinstating) DATE **1-5-99**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P SCHNEIDER, MARIAN E.
STREET ADDRESS	#11 FISHEY ROAD
CITY-ST-ZIP	PLACIDA FL
TITLE	<input type="checkbox"/> DELETE
NAME	VP WATERS, BETTY L
STREET ADDRESS	2710 ROOKS RD
CITY-ST-ZIP	HAINES CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Marian E. Schneider** DATE: **1-5-99**

CR2E034 (11/98)