FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L53652** **(8)**

1. Corporation Name

SMALL WORLD TOURS AND TRAVEL, INC.

Principal Place of Business

1950 LEE RD.
STE. 104
WINTER PARK FL 32789
US

Mailing Address

1950 LEE RD.
STE. 104
WINTER PARK FL 32789
US

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified: **02/28/1990**

3a. Date of Last Report: **05/16/1995**

4. FEI Number: **59-3031252** 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 is subject to intangible tax under s. 199.032 Florida Statutes. X Yes ☐ No

9. Name and Address of Current Registered Agent

STRAIN, KAREN S
2839 SPYGLASS COVE
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1808, Florida Statutes, the corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Its principal place of business is the same as indicated in Item 1. The corporation's business address is the same as indicated in Item 1. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	STRAIN, KAREN S	
STREET ADDRESS	2839 SPYGLASS COVE	
CITY, ST, ZIP	LONGWOOD FL	
TITLE	STV	☐ DELETE
NAME	STRAIN, KAREN S	
STREET ADDRESS	2839 SPYGLASS COVE	
CITY, ST, ZIP	LONGWOOD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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 (NEW)

1 TITLE	☐ Change ☐ Addition
2 NAME	
3 STREET ADDRESS	
4 CITY, ST, ZIP	
5 TITLE	☐ Change ☐ Addition
6 NAME	
7 STREET ADDRESS	
8 CITY, ST, ZIP	
9 TITLE	☐ Change ☐ Addition
10 NAME	
11 STREET ADDRESS	
12 CITY, ST, ZIP	
13 TITLE	☐ Change ☐ Addition
14 NAME	
15 STREET ADDRESS	
16 CITY, ST, ZIP	
17 TITLE	☐ Change ☐ Addition
18 NAME	
19 STREET ADDRESS	
20 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	

14. I do hereby certify that the information supplied within this report will be kept current by timely filing of amendments to reflect any changes in the information required to be reported pursuant to Section 607.0505, Florida Statutes. Further I 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 of this report or my name will appear in a future report.

SIGNATURE: Karen S. Strain KAREN S. STRAIN 4/9/96 407/628-4334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E034 (12/95)