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Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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	Mailing Address
1950 LEE RD. STE. 104 WINTER PARK FL 32789 US	1950 LEE RD. STE. 104 WINTER PARK FL 32789-7210 US

3. Date Incorporated or Qualified: 02/28/1990
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ 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: PHYLLIS GIETZEN MACKEY
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1484 OBERLIN TERRACE
84 City: LAKE MARY **FL** 85 Zip Code: 32746

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: Phyllis G. Mackey PHYLLIS G. MACKEY 2/21/97
Signature, type 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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	STRAIN, KAREN S		1.2 NAME	Mackey, Phyllis G	
STREET ADDRESS	2839 SPYGLASS COVE		1.3 STREET ADDRESS	1484 Oberlin Terrace	
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE	STV	☒ DELETE	2.1 TITLE	STV	☒ Change ☐ Addition
NAME	STRAIN, KAREN S		2.2 NAME	Mackey, Phyllis G	
STREET ADDRESS	2839 SPYGLASS COVE		2.3 STREET ADDRESS	1484 Oberlin Terrace	
CITY-ST-ZIP	LONGWOOD FL		2.4 CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Phyllis Mackey PHYLLIS MACKEY 2/21/97 407 628-4334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #