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

DOCUMENT # L61379

GEO TOURS, INC.

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90005 022 ***150.00

Principal Plac	e of Business	Mailing Address				THE REPORT OF THE PROPERTY OF	II OLOI: BIBII OLOI O	IIII 1(E(I III)
8212 SARAGOZA CT 8212 SARAGOZA CT								
ORLANDO FL 32836 ORLANDO FL 32836								
US US						DO NOT WRITE IN TH	IS SPACE	
		•				3. Date Incorporated or Qualifed		
						03/26/1990		
2. Principal Place of Business 2a. Mailing Address				0 1		4. FEI Number		plied For
21 9/50 Sabal Palm Circle 26 9/50 Sabal Pal				CIRCLE	<u> </u>	59-3028321		t Applicable
Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 A	I
22 27 City & State City & State								·
			٠.			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
23 Winder more, FLA 28 Winder mere, Ha. Zip Country Zip Cou			Country	,				31663
·	معد 🗔		مُ ما			This corporation owes the current year Personal Property Tax.	Triangible ☐ Yes	™ No
24 34 7	9. Name and Address of Curre		<u> </u>			10. Name and Address of New Registers		
	5. Name and Address of Corre	iii Registereu Agent	81	Name		10. Idellic Bild Floridos of Heat Hegister		
FVA	NS, DAVID L.		82					
225 E. ROBINSON ST.				Street A	Addres	ss (P.O. Box Number is Not Acceptable)		
SUITE 600			83					
ORLANDO FL 32801			00			<u> </u>	• •	
07.2			84	City		F	85 Zip C	ode
44	A- N	00 CO7 1509 Florida Statutos	the show	nomod.	cornor	ation submits this statement for the purpose		registered
- ∙ office or r	eaistered agent, or both, in the State	e of Florida. Such change was auth	orized by	the corpo	oration	's board of directors. I hereby accept the app	ointment as reg	jistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florida	s Statutes					Į
SIGNATURE						when reinstation) DATE		
12.	Signature, typed or printed name of registered agr	ent and title if applicable. (NOTE: Re ND DIRECTORS	13.	nt signature re	equired v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PST	☐ OELETE	1.1 TITLE	_		•	Change	☐ Addition
	DANTIC, PAUL T.	— +	1.2 NAME			• •		
NAME	O.D. O.T. OT			ADDRESS	91	SD Sabal Arm Crecle		
STREET ADDRESS	ORLANDO FL 32836			ŧ	1.1	50 Sabal Palm Circle indermere, AA 34786		
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			4.3 STREE	T ADDRESS				
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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 of 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 any attact ment with an address, with all other like empowered.

SIGNATURE:

407.909.0505