

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY -4 PM 4:16

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000001909**

INDIVIDUAL TOURS, L.C.
963 SW 176 TERRACE
PEMBROKE PINES FL 33029

1a. Principal Place of Business Address
963 SW 176 TERRACE
PEMBROKE PINES FL 33029

2 Principal Place of Business		2a. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified 09/18/1998	3a. State of Formation FL
4. FEI Number 65-0864455	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
FRANKS, KARIN
963 SW 176 TERRACE
PEMBROKE PINES FL 33029

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
000002871600
Suite, Apt #, etc
-05/11/99--01067--010
City
****188.75 ****188.75
FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ (DATE _____)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	FRANKS, KARIN	963 SW 176 TERRACE	PEMBROKE PINES FL
MGRM	BRUCKDORFER, HERBERT	BIERWEG 15B, 90411 NURNBERG	GERMANY

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Karin Franks* Karin Franks 4/29/99 3954/KH-2930