

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90123 039 ***158.75

0233467

DOCUMENT # M18720

1. Corporation Name
FLAMINGO TOURS, INC.

Principal Place of Business
16251 COLLINS AVE
MIAMI BEACH FL 33160

Mailing Address
16251 COLLINS AVE
MIAMI BEACH FL 33160



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1985

4. FEI Number
59-2560879

Applied For
Not Applicable

5. Certificate of Status Desired ☒ Yes ☐ No \$8.75 Additional Fee Required

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

2. Principal Place of Business
21 17070 Collins Ave.

2a. Mailing Address
26 17070 Collins Ave.

Suite, Apt. #, etc.
22 267

Suite, Apt. #, etc.
27 267

City & State
23 Miami Beach, F

City & State
28 Miami Beach, FL

Zip
24 33160

Zip
29 33160

9. Name and Address of Current Registered Agent

CORNELISSE, FRANK
1905 COLLINS AVE
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name Frank Cornelisse
82 Street Address (P.O. Box Number is Not Acceptable) 4150 Nautilus Drive
83
84 City Miami Beach FL 85 Zip Code 33140

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME CORNELISSE, FRANK
STREET ADDRESS 1905 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE VP
NAME CORNELISSE, MONIQUE
STREET ADDRESS 1905 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 4150 Nautilus Drive
1.4 CITY-ST-ZIP Miami Beach, FL 33140

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 4150 Nautilus Drive
2.4 CITY-ST-ZIP Miami Beach, FL 33140

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Cornelisse

Date

Daytime Phone

1/6/99 (305) 948-3822

CR2E034 (1/98)