

07151999-90002-019-\$150.00-\$150.00

APPROVED
AND
FILED

1999 JUL 27 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # M45785 ✓
 1. Corporation Name
FOREMOST TOURING ASSOCIATION, INC.



Principal Place of Business 8862 N.W. 44TH ST SUNRISE FL 33351	Mailing Address 8862 N.W. 44TH ST SUNRISE FL 33351
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1987

4. FEI Number

65-0056958

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

MERVIS, LAURENCE R
8862 NW 44TH STREET
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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	PO	<input type="checkbox"/> DELETE
NAME	MERVIS, LAURENCE R	
STREET ADDRESS	8862 N.W. 44TH ST	
CITY-ST-ZIP	SUNRISE FL 33351	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	MERVIS, LOIS R.	
STREET ADDRESS	8862 N.W. 44TH ST	
CITY-ST-ZIP	SUNRISE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 deleted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laurence R. Mervis
 SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR
 07/27/99 741-0400

AD

CR2034 (11/98)

pg 2

Steven Adams & Associates
Complete Insurance Service

8662 N.W. 44 Street, Sunrise, FL 33351

95433741-0400

July 7, 1999

CERTIFIED MAIL No. P 603 871 391
RETURN RECEIPT REQUESTED

Katherine Harris, Secretary of State
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 East Gaines Street
Tallahassee, Florida 32399

Dear Ms. Harris,

Reference:

STEVEN ADAMS & ASSOCIATES, INC. 682592
FOREMOST ENTERPRISES, INC. M94358
FOREMOST TOURING ASSOCIATION, INC. M45785

SUPVR 850 -
SERV TOWN 487-6059
ANDY DUNLAP PO Box 6327
T, FL 32314

On April 2nd, 1999, our son Frank H. Mervis, who was a part of all of our family businesses, was struck and killed by an automobile while crossing 163rd Street in North Miami Beach, Florida.

The filing papers for the above mentioned corporations were in a suspense file to be processed. Due to the untimely occurrence mentioned above, we overlooked filing same in a timely fashion. We regret this error on our part and request you accept payment, without penalty, at this time for the three corporations.

The woman we talked to at your department was most kind and certainly an asset to any business.

Thank you for your kind consideration.

Very truly yours,

Steven Adams & Associates
Laurence R. Mervis

Laurence R. Mervis
President

Enclosure: Check No. 26546 \$150.00
Check No. 1304 \$150.00
Check No. 1486 \$150.00

STEVEN ADAMS & ASSOCIATES, INC. 682592
FOREMOST ENTERPRISES, INC. M94358
FOREMOST TOURING ASSOCIATION, INC. M45785

word.mydocs.stevadam.corpfile



WATS 800-393-8444

954
FAX 305-741-7600

