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May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M68048
1. Corporation Name
HEMISPHERE TOUR & TRAVEL, INC.

(1)



Principal Place of Business Mailing Address
% JAMES M. TALLEY % JAMES M. TALLEY
20 NORTH ORANGE, SUITE 1500 20 NORTH ORANGE, SUITE 1500
ORLANDO FL 32801 ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5728 Major Blvd.

2a. Mailing Address
26 5728 Major Blvd.

3. Date Incorporated or Qualified
02/12/1988

4. FEI Number
59-2870214

Suite, Apt. #, etc.

22 Suite 601

City & State

23 Orlando, FL

Zip

24 32819

Country

25

Suite, Apt. #, etc.

27 Suite 601

City & State

28 Orlando, FL

Zip

29 32819

Country

30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TALLEY, JAMES M.
20 NORTH ORANGE
SUITE 1500
ORLANDO FL 32801

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME WINOKUR, RICHARD
STREET ADDRESS 5728 MAJOR BLVD. SUITE 180
CITY-ST-ZIP ORLANDO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS Suite 601
1.4 CITY-ST-ZIP

TITLE DVS
NAME WINOKUR, KIM
STREET ADDRESS 5728 MAJOR BLVD. SUITE 180
CITY-ST-ZIP ORLANDO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS Suite 601
2.4 CITY-ST-ZIP

TITLE T
NAME WINOKUR, KIM
STREET ADDRESS 5728 MAJOR BLVD. SUITE 180
CITY-ST-ZIP ORLANDO FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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.

CR2E034 (10/97)