FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 14 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35038

14. I do hereby certify that the information supplied with this filing information indicated on this annual report in suppliemental at Lam an officer or director of the corporation or mediceiver appears in Block 12 or Block 13 if changed in or an attraction.

SIGNATURE:

(9)

ISLAND RESORT TOURS, INC.

Principal Place of Business 8401 CONGRESS AVE., STE. 100 BOCA RATON FL 33487		Mailing Address				1 1000100	e samtreads own sords with which during their beit delice didte didte didte didte didte didte				
		6401 CONGRESS AVE., STE. 100 BOCA RATON FL 33487-2822									
						3. Date in: 08/09/	corporated or Qualified	3a. Date of L 01/23/19		port	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			App	olied For		
21		26			13-3553228 Not App			Applicable			
Suite, Apt	#. etc.	Suite, Apt. #, etc.			E Continu	5. Certificate of Status Desired \$8.75 Additional					
22		27			s. Certifica	ale of Status Desired	□ F	ee Re	quired		
City & State	9	City & State			6. Election	6. Election Campaign Financing \$5.00 May Be					
23		28	.,			Trust Fi	und Contribution		ded to	Fees	
Zip	Country	Zιρ		untry	:		rporation has liability for		der s.	199.032,	
24	[25]	29	30	,				Yes No			
	9, Name and Address of Current	Registered Agent		-		10, Name a	and Address of New Re	gistered Agent			
	EL, GEORGE A.			81	Name						
6401 CONGRESS AVE., SUITE 100				82	Street A	reet Address (P.O. Box Number is Not Acceptable)					
BOO	CA RATON FL 33487										
				83							
				84	City			FL 85	Zip C	ode	
agent. La: SIGNATURE	egistered agent, or both, in the State o m familiar with, and accept the obligati Signature, biped to be clear rane of registered agent OEFTICERS AND	ons of, Section 607.0505, I	Florida Sta	itute:	S.	equired when re-instating)		DATE			
TILE	PD	DELETE	1.1 T		т	PD	NS/CHANGES TO OFFIC	Ch		Addition	
NAME	HICKS, STEPHEN A.	Limite					A- HICKS	U11	ange		
	66 E 341H ST		1.2 N			3/2/10/	4014 ST				
STREET ADDRESS	NEW YORK NY		1		ADDRESS	3000	AIU				
CITY-ST-7IP	NEW TORK NI	DELETE			T-ZIP	New YORK	147	1.10		T Marking	
TITLE	ALTER, BRUCE R	C Deceie	2 1 T					☐ Ch	ange	Addition	
NAME	FOUR PARK AVE		2.2 N								
STREET ADDRESS					ADDRESS						
CITY-SI-ZiP	NEW YORK NY	DELETE			ST-ZIP						
TITLE	ADDEL OFORCE A	DELETE	3 1 T					L Ch	ange	Addition	
NAME	APPEL, GEORGE A.		32 N								
STREET ADDRESS	6401 CONGRESS AVE STE100				ADDRESS						
CITY - ST - 7IP	BOCA RATON FL	Prints			ST-ZIP						
TITLE	CD	L_ DELETE	4 1 T				*	∐ Ch	ange	☐ Addition	
NAME	BARRETT, ROBERT A.		4 2 1	NAME							
STREET ADDRESS	P.O. BOX 54 N/A		43S	TREET	ADDRESS						
CITY - ST - ZIP	ST JOHN'S ANTIGUA VI			ITY - S	T-ZIP						
TITLE		☐ DELETE	51T		į			L Ch	ange	☐ Addition	
NAME			52 N	IAME							
STREET ADDRESS			53 S	TREET	ADDRESS						
CITY+S1+ZIP			540	ITY - S	T-ZIP						
TITLE		DELETE	61 T	ITLE				☐ Ch	ange	☐ Addition	
NAME			62 N	IAME							
STREET ADDRESS			638	TREET	ADDRESS					.]	
0.714 03 700		, i //	1		- 1					j	

roys not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the dal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name and with an address.