

FILED
May 13, 1999 8:00 am
Secretary of State

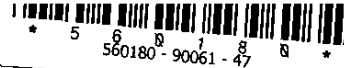
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CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 920000 10311

1. Corporation Name

TOURIST CONSULTANTS, INC



Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified 12-08-1992	3a. Date of Last Report 03-18-98
4. FEI Number 65-0444609	Applied For Not Applicable
6. Certificate of Status Desired ☐	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 11 12985 BROOKFIELD CIRCLE Suite, Apt. #, etc.	2a. Mailing Address 28 12985 BROOKFIELD CIRCLE Suite, Apt. #, etc.
22 City & State 23 ORLANDO FLORIDA	27 City & State 28 ORLANDO FLORIDA
24 Zip 32837	29 Zip 32837

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

01 Name HELMUT MUNKEL
02 Street Address (P.O. Box Number is Not Acceptable) 12985 BROOKFIELD CIRCLE
03
04 City ORLANDO
05 State FL
06 Zip Code 32837

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Handwritten, 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 NAME STREET ADDRESS CITY - ST - ZIP	President HELMUT MUNKEL 12985 BROOKFIELD CIRCLE ORLANDO, FLORIDA 32837	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an addendum with an address.

SIGNATURE: X  President

X 05-11-99 X 407-240-6663

Date

Daytime Phone #