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May 13, 1999 8:00 am
Secretary of State
05-13-1999 90034 043 ***150.00

CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P92000010311

1. Corporation Name
TOURIST CONSULTANTS, INC

560180 - 90061 - 47

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12-08-1992
3a. Date of Last Report: 03-18-98
4. FEI Number: 65-0444609 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ (Additional Fee Required)
6. Election Campaign Financing Trust Fund Contribution ☐ (May Be Added to Fee)
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ (Supplemental Fee Not Required)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

Principal Place of Business	Mailing Address
21 12985 BROAKFIELD CIRCLE	26 12985 BROAKFIELD CIRCLE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ORLANDO, FLORIDA	28 City & State: ORLANDO, FLORIDA
24 Zip: 32837	25 Country
29 Zip: 32837	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
31 Name: HELMUT MUNKEL
32 Street Address (P.O. Box Number is Not Acceptable): 12985 BROAKFIELD CIRCLE
33
34 City: ORLANDO FL 35 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President V.T.S HELMUT MUNKEL 12985 BROAKFIELD 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)(k), 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 on an attachment with an address.

SIGNATURE: X _____ President X 05-11-99 X 407-340-6663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000-013