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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000010643 (3)

1. Corporation Name

ROYAL TOURS ATTRACTIONS, INC.

Principal Place of Business

5850 LAKEHURST DR
SUITE 200
ORLANDO FL 32819

Mailing Address

5850 LAKEHURST DR
SUITE 200
ORLANDO FL 32819-8387



3. Date Incorporated or Qualified
02/08/1993

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21 7680 Republic Drive

Suite, Apt. #, etc.
22 Suite 197

City & State

23 Orlando, FL

Zip

24 32819

Country

25

2a. Mailing Address

26 7680 Republic Drive

Suite, Apt. #, etc.
27 Suite 197

City & State

28 Orlando, FL

Zip

29 32819

Country

30

4. FEI Number

59-3165808

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

JUSTINIANO, CESAR A
5850 LAKEHURST DR
SUITE 200
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

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

9031 Shawn Park Place

83

84

City

Orlando

FL

85

Zip Code

32819

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 D ☐ DELETE

NAME JUSTINIANO, CESAR A
STREET ADDRESS 5850 LAKEHURST DR #200
CITY-ST-ZIP ORLANDO FL 32819

TITLE D ☐ DELETE

NAME JUSTINIANO, THERESA A
STREET ADDRESS 5850 LAKEHURST DR #200
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 9031 Shawn Park Place

1.4 CITY-ST-ZIP Orlando, FL 32819

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 9031 Shawn Park Place

2.4 CITY-ST-ZIP Orlando, FL 32819

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Theresa M. Justiniano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 (407)362-7555

Date

Daytime Phone #

CR2E034 (9/96)