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Mailing Address

7232 SAND LAKE RD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000017699

1. Corporation Name

Principal Place of Business 7232 SAND LAKE RD

UNDER THE SUN TOUR & TRAVEL, INC.

ORLANDO F. 32819		ORLANDO FL 32819		DO NOT WRITE IN THIS SPACE					
ONDARDO 1 2 SA	2013	Oranies in action				corporated or Qualifed			
2. Principa Pla	ace of Business	2a. Mailing Address			4, FEI Nu			Ap	plied For
21		26		59-3	68446		No	t Applicable	
Suite, Axt. #, etc.		Suite, Apt. #, etc.					\$8.75 A	Miditional	
22		27		5. Certifo	ite of Status Desired		Fee Re	cuired	
City & State		City & State		6. Electio	1 Campaign Financing		\$5.00	May Be	
23		28			l l	und Contribution		Added t	· .
Zip Cour try		Zip Country		8. This co	rporation owes the cur	rent year in	tangible		
24	25	29	30			al Property Tax.			[]No
	9. Name and Address of Current	t Registered Agent			10. Name	and Address of New	Registered	Agent	
			8	Name					
	PE, FRANK A II		83	Stroot Ac	drace (P.O. Box	Number is Not Accept	lable)		
7232	SAND LAKE RD		64	SileerAr	. diess (F.O. DO)	Humber is 140t Accep	auto)		
SUIT	E 300		83	3					
ORLA	ANDO FL 32819								5 de
			84	City			FL	85 Zip 0	Jace
office crre agent. Lar SIGNATUE F	to the provisions of S∈ctions 607.0502 egistered agent, or bo h, in the State o m familiar with, and accept the obligat	ো Florida. Such change was ।। ions of, Section 607.0505, Flor	uthorized by rida Statute	tne corpora	ation's board of	irrectors. Thereby acce	pt the apro	intment as reg	g stered
	Signature, typed or printed na ne of registered agen			ent signature requ	red when reinstating)	NS/CHANGES TO O		ND DIRECTO	ES IN 12
12.	OFFICERS AN	DELETE	13. 1.1 TITLE		ADDITE	MS/CHANGES TO O	FICENS A	Change	Addition
TITLE	PDST							ondingo	
NAME	STAPE, FRANK A II		12 NAME						
STREET ADDRESS	7232 SAND LAKE RD., \$-300		4	ET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32819	Closustr.	14 CITY-	ST-ZIP				Change	Addition
TITLE		☐ DELETE	2.1 TITLE					☐ Onlinge	
NAME			22 NAME						1
STREET ADDRESS			2.3 STRE	ET ADDRESS					l
CITY-ST-ZIP			2.4 CITY-	ST-ZIP	·				Addition
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME	}					
STREET ADDRESS			3.3 STRE	ET ADDRESS					
CITY-ST-ZIP			34 CITY	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4 2 NAM	:					
STREET ADDRESS			4 3 STRE	ET ADDRESS					
CITY-ST-ZIP			4 4 CITY-	ST-ZIP	-				
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			53 STRE	ET ADORESS					
CITY-ST-ZIP			54 CITY-						
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STRE	ET 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 attact ment with an address, with a made of the empowered.

SIGNATURE: