## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000019754	(9)
1. Corporation Name		. ,

TOURI	ng artists group, inc						
Principal Place		Maling Address  * GLENN BECHDEL			I TO DITTO A CLU LOTOC PALIA ODITA E	1111 <b>110</b> 111 <b>1111</b>	
1117 FLORID CAPE CORAL	DIAN COURT	1117 FLORIDIAN COU CAPE CORAL FL 3390					
					3. Date Incorporated or Qualified 03/16/1993		ate of Last Report 07/27/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 65-0394104		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	9	City & State	14. 44.		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be
Zip 24	Country 25	Zip   29	Country 30		8. This corporation has liability for	or intangible	Added to Fees tax under s 199.032,
<u></u>	9. Name and Address of Curre		[30]		10. Name and Address of New		d Agent
			81	Name			
	el, glenn .oridian court		82	Street Add	dress (P.O. Box Number is Not Accept	able)	
	ORAL FL 33904		83				
			84	City		F	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607 1508, Florida Statut	es, the above-r	L named <b>c</b> orpc	oration submits this statement for the p	urpose of o	hanging its registered office
or register familiar wit	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida. Such charige was authoriz ction 607.0505, Florida Statutes	red by the corp s.	oration's boa	oration submits this statement for the pard of directors. I hereby accept the ap	pointment	as registered agent. I am
SIGNATURE _							
12.	Signature, typed or printed name of registered ager  OFFICERS AN	nt are to a l'apprentio (NC ND DIRECTORS	Ti: Registered Agen	nt signature require	ed when reinstating! ADDITIONS/CHANGES TO O	DATE FEIOCODS AI	ND DIDECTORS IN 12
TITLE	D	DELETE	1. 1 TITLE		ADDITIONS/OFFANGES TO C	TIOLING A	Change Addition
NAME	Marshall, lee D		1.2 NAME	Ì			
STREET ADDRESS	199 E GARFIELD RD		1.3 STREET	ADDRESS			
CITY-ST-ZIP	AURORA OH		1.4 CITY - S				
TITLE	D	☐ DELETE	2. 1 TITL€				Change Addition
NAME	MARSH, JOSEPH		2.2 NAME				
STREET ADDRESS	930 Washington ave		23 STREET	ADDRESS			
CITY-ST-7IP	MIAMI BEACH FL 33139		24 CITY-S	T-ZIP			
TITLE	D	DELETE	3 1 TITLE				☐ Change ☐ Addition
NAME	KRASSNER, BRAD		3.2 NAME				=
STREET ADDRESS	930 WASHINGTON AVE		3.3. STREET	F ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139		3.4 CHY-S	4 - ZIP			
TITLE	D	DELETE	4 1 TITLE				Change Addition
NAME	TURK, LARRY M		4 2 NAME				
STREET ADDRESS	930 WASHINGTON AVE		4 3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139		4.4 C/TY-S	T - ZIP			
TITLE	D BECHDEL, GLENN	DELETE	5 1 TITLE	1			Change Addition
NAME	1117 FLORIDIAN COURT		5.2 NAME				
STREET ADDRESS			5.3 STREFT	ADDRESS			
CITY-S1-ZIP	CAPE CORAL FL 33904		5.4 CITY-S	T - ZiP			
TITLE	Management	DELETE.	6 1 TITLE				Change Addition
NAME	V		6.2 NAME	V	EGA, MICHEL		
STREET ADDRESS			E 9 PROFEET	ADDDSGG L		~ \ \ \	a. p→ ₩₂ U(\/

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 eath; 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;

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

428/96

216-995-0858

Daytime Phone #