## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT 1997



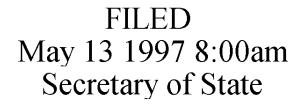
FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## CUMENT # P93000029571 (5) BK TOURS, INC.

Mailing Address			
5728 MAJOR BLVD. STE 320			
ORLANDO FL 3281			





STE STO	22819	STE 320 ORLANDO FL 32819-						
	······································	The state of the s		3. Date Incorporated or C		3. Date Incorporated or Qualified 04/20/1993	d 3a. Date of Lest Report 08/12/1996	
2. Principal P	nolpal Place of Business 2a. Mailing Address				4. FEI Number	<del></del>	polied For	
21	26				59-3183465	<del></del>	ot Applicable	
	Sulte, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required		Additional	
City & Stat 23	6	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00	May Be to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for in			
24	25	29	30	•	· · · · · · · · · · · · · · · · · · ·	Yes No		
h.h	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Reg	Istered Agent		
事 FOX	LAURA E		1	Name				
\$728 MAJOR BLV.D STE 320			ī	Street Ad	Address (P.O. Box Number is Not Acceptable)			
	ANDO FL 32819		ī	33				
	N.			34 City		FL 85 Zip	Code	
11. Pyrsuant office or r	to the provisions of Sections 607. egistered agent, or both, in the S m familiar with, and accept the o	0502 and 607.1508, Florida S tale of Florida. Such change	itatutes, the aboves authorized	ove-named co by the corpor	rporation submits this statement for the pu ation's board of directors. I hereby accep		its registered registered	
SIGNATURE	Signifus, typed or printed name of registers							
12.		AND DIRECTORS	13.	ngeni signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTOR	25 141 25	
TITLE	P	DELET		F T	ADDITIONS/CHANGES TO CITTO	Change	Addition 2	
NAME	FOX, LAURA E	_	1.2 NAN					
STREET ADDRESS	5728 MAJOR BLVD., SUITE	320	1.3 STR	EET ADDRESS			[8	
CATY-ST-ZIP	ORLANDO FL 32819			(-ST-ZIP				
TRLE		DELET(				☐ Change	Addition	
NAME	is -		2 2 NAN	1E				
STREET ADDRESS	IREET ADDRESS		2.3 STR	EET ADDRESS				
DITY-ST-ZIP				Y-ST-ZIP	,4 t	- 4		
Jure 2			3.1 1ffL	E		☐ Change	Addition	
NAME !			3 2 NAN	1E				
STREET ADDRESS			3.9 STR	EFT ADDRESS				
-CITY-SI-ZIP	<u>*</u>	D Dr. Dr.		Y - ST - ZIP				
TITLE		☐ DELFTI		-		Change	☐ Addition	
NAME I	:		4. 2 NA					
STREET ADDRESS	1			EET ADDRESS				
CITY-ST-ZIP	+	DELETI		(-ST-7IP		☐ 0t	Lagran	
TITLE :		□ DCCC	1			☐ Change	Addition	
STREET ADDRESS	ž. T		5.2 NAA		· .			
30			1	EE1 ADDRESS				
DITY: ST-ZIP	*	5.4 CITY- DELETE 6.1 TITLE				Change	Addition	
NAME I	ē.	Fra Arctil				CT change	☐ VOOIIIOII	
6TREET ADORESS	# # ***		6.2 NAA 6.9 STD	EET ADDRESS				
CITY 51-2IP			<b>B</b>	r-ST-ZIP				
/341 [10]74IF			0.4 (.11)	* 51- £IF				

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 enhancement of the properties of the nachment with an address.