

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 MAY 26 AM 9:42**

**DOCUMENT # P93000050851 (3)**

1. Corporation Name

**WORLD VIEW TRAVEL PROMOTIONS, INC.**

Principal Place of Business

Mailing Address

**8019 N. HIMES AVE.  
SUITE 500  
TAMPA FL 33614**

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SUITE 500  
TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**07/21/1993**

3a. Date of Last Report

**11/18/1994**

4. FBI Number

**59-3194381**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be**

Trust Fund Contribution

☐

**Added to Fees**

8. This corporation has liability for intangible tax under S. 109.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHMIDT, ALEX  
4107 CHATHAM OAK COURT  
SUITE #303  
TAMPA FL 33624**

81 Name

**SCHMIDT, ALEX**

82

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

**1104 ALICIA STREET**

83

84

City

**TAMPA**

FL

85

Zip Code

**33604**

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

**ALEX M. SCHMIDT, PRESIDENT**

Signature, typed or printed name of registered agent and title if acceptable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                             |
|-----------------|-----------------------------|
| TITLE           | P                           |
| NAME            | SCHMIDT, ALEX               |
| STREET ADDRESS  | 4107 CHATHAM OAK COURT #303 |
| CITY - ST - ZIP | TAMPA FL 33614              |
| TITLE           | T                           |
| NAME            | KENNEY, BRIAN               |
| STREET ADDRESS  | 4747 W WATERS AVE APT 3011  |
| CITY - ST - ZIP | TAMPA FL 33614              |
| TITLE           | VP/S                        |
| NAME            | KENNY, MAUREEN              |
| STREET ADDRESS  | 8639 N. HIMES AVE., #3623   |
| CITY - ST - ZIP | TAMPA FL 33614              |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  | 1104 ALICIA STREET                                                           |
| 1.4 CITY - ST - ZIP | TAMPA, FL 33604                                                              |
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | KENNY, BRIAN                                                                 |
| 2.3 STREET ADDRESS  | 4747 W. WATERS AVENUE # 2902                                                 |
| 2.4 CITY - ST - ZIP |                                                                              |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  |                                                                              |
| 3.4 CITY - ST - ZIP |                                                                              |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                                                              |
| 4.3 STREET ADDRESS  |                                                                              |
| 4.4 CITY - ST - ZIP |                                                                              |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP |                                                                              |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Alex M. Schmidt**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #