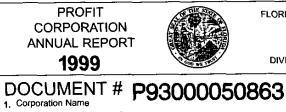
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

GATOR TOURS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90154 032 ***150.00

TO COLUMN TO THE REPORT OF THE PROPERTY OF THE

										 	
Principal Place of Business Mailing Address							7 (88)(80) (12 18132 (11) 84(1) 85(1) 85(1)				
109 N KIRKMAN	I RD	10	9 n Kirkwan RD								
230			230				DO MOT WEITE IN THIS				
ORLANDO FL 32811			ORLANDO FL 32811				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed				
US		US)				07/15/1993				
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For			
21		26					59-3192837	ــــــــــــــــــــــــــــــــــــــ	Not	Applicable	
- Suite, Apt. #, etc.		27	.Suite, Apt#, etc				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	-+	Zip	Co	untry		8. This corporation owes the current year Inta	ngible			
24	25	29		30				Yes	5	XNo	
	9. Name and Address of Curren		stered Agent		Τ		10. Name and Address of New Registered A	gent			
	<u> </u>			_	81	Name				}	
MARKVOORT, MARGO 96 FLORIDA PARKWAY KISSIMMEE FL 34743					82	Street Add	dress (P.O. Box Number is Not Acceptable)				
					83	<u> </u>					
					84	City		85	Zip Co	ode	
					1		FL poration submits this statement for the purpose of				
agent. I a	m familiar with, and accept the obligated	lions o	f, Section 607.0505, Flo	nda Sta	itutes	.	on's board of directors. I hereby accept the appoint of the appoint of the second of directors. I hereby accept the appoint of				
12.	OFFICERS AN	D DIRI	ECTORS	13			ADDITIONS/CHANGES TO OFFICERS AN) DIRE	CTOR	S IN 12	
TITLÉ	DPST		☐ DELETE	1.1	TITLE		 -	Cha		Addition	
NAME	MARKVOORT, MARGO			1.2	NAME					Y	
STREET ADDRESS	96 FLORIDA PARKWAY		•	1.3	STREE	TADDRESS					
CITY-ST-ZIP	KISSIMMEE FL			1.41	CITY-S	T-ZIP					
TITLE	111001111111111111111111111111111111111		☐ DELETÉ		TITLE			Cha	nge	☐ Addition	
NAME				2.2	NAME						
STREET ADDRESS				2.3	STREE	T ADDRESS				ļ	
CITY-ST-ZIP	The control of the second seco	•	17 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	2.4	CITY-S	ST-ZIP					
TITLE			☐ DELETE	3.1	TILE			Cha	nge	Addition	
NAME				3.2	NAME						
STREET ADDRESS				3.3	STREE	T ADDRESS				[
CITY-ST-ZIP				3.4.	CITY-S	ST-ZiP					
TITLE	,		☐ DELETE	4.1	TITLE			☐ Cha	nge	Addition	
NAME				4. 2	NAME.						
STREET ADDRESS				4.3	STREE	T ADDRESS					
CITY-ST-ZIP	 			4.4	CITY-S	T-ZIP		<u></u>			
TITLE			☐ DELETE		TITLE			☐ Cha	ınge	Addition .	
NAME				5.2	NAME						
STREET ADDRESS				5.3	STREE	TADDRESS					
CITY-ST-ZIP					CITY+S	T-ZIP					
TITLE			☐ DELETE		TITLE			[] Cha	inge	☐ Addition	
NAME				1	NAME		_				
STREET ADDRESS				6.3	STREE	T ADDRESS	·				
CITY ST 7ID				6.4	CITY-S	T-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 attachment with an address, with all other like empowered.

SIGNATURE: .

SIGNATURE REQUIRED
SIGNATURE OF SIGNING OFFICER OF DIRECTOR