

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 # P93000082764 (0)

1. Corporation Name

O.K. TOURS INC.



Principal Place of Business

Mailing Address

289 COCONUT PALM ROAD
BOCA RATON FL 33432

289 COCONUT PALM ROAD
BOCA RATON FL 33432

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

KORSIA, GUY
289 COCONUT PALM ROAD
BOCA RATON FL 33432

3. Date Incorporated or Qualified

12/03/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0467740

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and date of signature

Signature typed or printed name of registered agent and date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D KORSIA, GUY
STREET ADDRESS
289 COCONUT PALM ROAD
CITY - ST - ZIP
BOCA RATON FL 33432

TITLE ☐ DELETE

NAME
D ORFANIDES, JEAN-PIERRE
STREET ADDRESS
103 N.W. 2ND AVENUE
CITY - ST - ZIP
FORT LAUDERDALE FL 33311

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

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:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUY KORSIA PRESIDENT

APRIL 25 1996 407 3428373

CR2E034 (12/95)