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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P94000005751 (0)

DOCUMENT #
1. Corporation Name INTERNATIONAL AIR TOURS, INC.

ISLAND Hoppers Tours, INC. 56.

Mailing Address

2726 S. MELLONVILLE AVENUE

2705 O. MELLONVILLE AVENUE



GANFORD F	L 92779 -			SANFORD FL 32773						
								3. Date Incorporated or Qualified 01/25/1994	3a. Date of Last 06/22/	'
2. Principal Pla	ice of Busine		2a.	Mailing Address				4. FFI Number	1 1 1 1	Applied For
			26	26 3501 W. VINE ST.				59-3215888		Not Applicable
21 3501 (W. VINE ST. Suite, Apt #, etc. 22 SUITE 388				Suite, Apt. #, etc. 27 SUITE 388				5. Certificate of Status Desired	1 T	<b>5</b> Additional Required
City & State		<u></u>	1	City & State	_			6. Election Campaign Financing	\$5.0	00 May Be
23 KISSIM	MMEE,	FL	28	KISSIMMEE				Trust Fund Contribution		ed to Fees
<sup>ℤiր</sup> 24 3474	H	Country 25 OSC ECLA	29	34741	30 <b>(</b>	untry SC 6	OLA		□No	s 199.032,
	9. Name	and Address of Current	Regis	tered Agent				10. Name and Address of New F	7	
						81	Name _	THACKER OUGLETRE	ET. KICHT	THACKER
<del>- PENLA</del>	, HENRY L			82	Street Ac	Idress (P.O. Box Number is Not Acceptate	vie)			
••••	<del>). Orang</del> e	AVENUE-				83		00 CHURCH ST.		
SUITE						53				
ORLAN			84	City	KISSIMMEE	FL 85	34741			
11 Pursuant t	o the provisi	ons of Sections 607 0502	and 60	7.1508. Florida Statut	es, the ab	ove r	arund com	poration submite this statement for the nu	roose of changing its	registered office
or register	od-soort or	both in the State of Florid	la Such	a chance was authori:	red by the	corp	oration's bo	pard of directors. Thereby accept the app	ointment as register	ed agent. I am
familiar wit	m, anal accel	ot me obligations of Section	nile:	.0305, Fiorida Statute:	>.				1-22-96	
SIGNATURE	Signifure, Thed	or printed name of registered agreed	<b>JU</b>	- IN	OIE Hopster	eg A be	Lsignature mije	sead wite constraind	OH C	
12.	( )	OFFICERS AND	DIREC		13			ADDITIONS/CHANGES TO OF		
T-TLE	40			☐ DELETE		TITLE		PD	Chang	e
NAME		Per, Keith G			1	NAME	ļ¢.	ookr, kenig.		
STREET ADDRESS		ST TROPE 2CT			1,3	STREET	ADDRESS [	714 ST. TROPEZ COURT		
CITY-ST-ZIP		MMEE FL <u>34144</u>		ET NELETC	-	CHY-5		CISSIMMEE, FL 34744	Chang	e 🔲 Addition
TIFLE	SD	. LAAMIA		DELETE		THLE		SD	<b>₽</b> Chang	E Nagition
NAME	1	), MARIA	NILIE.			NAME OTOGO	ADDRESS A	ORD, MARIA E. 1501 W. VINE ST, SULTE 388		
STREET ADDRESS		<del>S. MELLONVILLE AVE</del>	NUL		1		AODRESS 3	KISSIMMEE, A 34741		
C-TY-ST-ZiP	-5AN	ORD FL 32773		DELETE		CITY - S TITLE		ITO	Chang	e Addition
TITLE NAME		ICH, RONNIE L		F1 orecie	32	NAME	غ ا	STORCH RONNIE L.		
STREET ADDRESS		ST TROPEZCT			33	STREE	1 ADORESS	714 ST. TROPEZ COURT		
CITY - ST - ZIP	KISSI	MMEE FL 34744	<i>‡</i>			CiTY-S	ST-ZIP	ISSIMMEE, FL 34744		
TITLE	11001		J	☐ DELETE		TITLE			Chang	e 🔲 Addition
NAME					42	NAME	j			
STREET ADDRESS					4.3	STREE	I ADDRESS			
CITY-S! Z:P					4.4	CITY-	ST-ZIP			
1ITLF	1			DELETE	5	TIFLE	Ţ	1000012	Chang	e 🔲 Addition
NAME					5 ?	NAME	ł	1000017 -03/04/9601	-100 f f 1 ΩΩ0002	
STREET ADDRESS					5.3	SIRE	1 ADDRESS	***208.75	.000 C00	
CITY-ST-ZIP							S1 - 71P			
TALE				DELETE	•	1 HILE			☐ Chang	je 🔲 Addition
NAME					6.2	NAME				
STREET ADDRESS							T ADDRESS			
	1					CHY-				

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 a patternment with an address.

SIGNATURE:

JAN. 22, 1996 407-933-4333

Daytine Private 4

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