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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

## DOCUMENT # P9400005751 (0)

ISLAND HOPPERS TOURS, INC.

Principal Place of Business 3501 S. VINE ST. SUITE 388 KISSIMMEE FL 34741		Mailing Address  3501 S. VINE ST. SUITE 388 KISSIMMEE FL 34741-4849					
					<ol> <li>Date Incorporated or Qualified 01/25/1994</li> </ol>	d 3a. Date of Last Report 03/04/1996	
<b>⊢</b> ¬ '	ace of Business	2a. Mailing Address			4. FEI Number 59-32 15888	Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del> </del>			Not Applica \$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State	2	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability to	or intangible tax under s. 199.032	
24	9. Name and Address of Current		30		10. Name and Address of New F		
THA	CKER, JO		81	Name			
% 0	verstreet, rich and thacke	R	82	Street A	ddress (P.O. Box Number is Not Accept	able)	
· ·	CHURCH ST.		83			<u> </u>	
- N99	SIMMEE FL 34741						
			84	City		FL B5 Zip Code	
SIGNATURE	to the provisions of Sections 607.0502 egistored agent, or both, in the State in familiar with, and accept the obliga Standare, type 3 or punted name of registered agen				corporation submits this statement for the oration's board of directors. I hereby acc squired when reinstating)	e purpose of changing its register cept the appointment as registere	d d
12.	Of FICERS AND		13.	aut Rigulature II		FICERS AND DIRECTORS IN 12	
TITLE	CPO	☐ DELETE	1.1 TITLE			Change Addi	ition
NAME	COOPER, KEITH G		1.2 NAME				
STREET ADORESS	1714 ST. TROPEZ CT. KISSIMMEE FL 34744		1.3 STREET				
CHTY-ST-70F TOTLE	SD SD	DELETE	1.4 CITY - S 2.1 TITLE	61 - ZIP		☐ Change ☐ Addi	ition
NAME	FORD, MARIA		22 NAME				
STREET ADORESS	3501 W. VINE ST. SUITE 388		23 STREET	ADDRESS	<b>.</b>		
CITY-ST-7IP	KISSIMMEE FL 34741		2 Å CITY-	ST-ZiP		01	`** · · ·
TILE	VTD STORCH, RONNIE	☐ DELETE	31 TITLE			Change Addi	MON
NAME STREET ADDRESS	1714 ST. TROPEZ CT.		32 NAME 33 STREET	ADDRESS			
CITY-S1-7iP	KISSIMMEE FL 34744		3 4. CITY-				
101.6		☐ DELETE	4.1 TITLE			☐ Change ☐ Add	tion
NAME			4.2 NAME				
STREET ACORESS			4.3 STREET			Λ.	
CHTY+ST+709 THLE		DELETE	4.4 CITY-S 5.1 TITLE	1 - ZIP		Change Addi	ition
NAME			5.2 NAME			Milladan	
STREET ADDRESS			5.3 STREET	ADORESS	(	411404 17	
CHY-SI-ZIP		LIntere	5.4 CITY - 9	ST - 21P	······································	10 / 10 10 10 10 10 10 10 10 10 10 10 10 10	itie -
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME	Fe .	10000215 -04/28/9701	S6201 Change Add	IIION
NAME STREET ADDRESS			6.3 STREET	ſ	-04/28/9701	020042	
Date of the			C 4 DITY (	7 700	***173,75		

14. I do hereby certify that the information supplied with this filling 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 any large ment with an address.

SIGNATURE:

LUCKU AS LUCKULE CIKE IF HE GO COOPER

4/21/97

407-933-4333

**FILED** 

Apr 23 1997 8:00am

Secretary of State