

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P94000021695 (9)**

1. Corporation Name

HECTOR'S CASINO TOURS & TRAVEL, INC.

Principal Place of Business

**4596 N. UNIVERSITY DR.
LAUDERHILL FL 33351**

Mailing Address

**4596 N. UNIVERSITY DR.
LAUDERHILL FL 33351**

FILED
Jan 26 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1994

4. FEI Number

65-0476097

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

25 **4440 N. University Dr.**

27 Suite, Apt. #, etc.

27 City & State

28 Zip

29 **33351**

30 Country

USA

9. Name and Address of Current Registered Agent

**SLEPOY, HECTOR
4596 N. UNIVERSITY DR.
LAUDERHILL FL 33351**

10. Name and Address of New Registered Agent

81 Name

SLEPOY, HECTOR

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

83

4440 N. University Drive

84 City

Lauderhill, FL

85 Zip Code

33351

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/98

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE

NAME **SLEPOY, HECTOR**
STREET ADDRESS **4596 N. UNIVERSITY DR.**
CITY - ST - ZIP **LAUDERHILL FL 33351**

TITLE **VS** ☐ DELETE

NAME **SLEPOY, JACKIE**
STREET ADDRESS **4596 N. UNIVERSITY DR.**
CITY - ST - ZIP **LAUDERHILL FL 33351**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

PT **SLEPOY, HECTOR**

4440 N. University Drive

LAUDERHILL, FL 33351

VS ☒ Change ☐ Addition

SLEPOY, JACKIE

4440 N. University Drive

LAUDERHILL, FL 33351

☐ Change ☐ Addition

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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.

SIGNATURE: **SIGNATURE REQUIRED**

1/20/98 (954) 747-9670

CR2E034 (10/97)