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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| 1999 | | |
|------------|-----------|-----|
| DOCUMENT # | P94000021 | 695 |

1. Corporation Name

HECTOR'S CASINO TOURS & TRAVEL, INC.

Principal Place of Business

Mailing Address

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90053 030 ***150.00



| 1596 N. UNIVERSIT | ty dr. | 4440 N UNIVERSITY DR | | DITTE IN THE | CDACE | |
|---|--|--|--|--|--|--|
| 4596 N. UNIVERSITI DR. LAUDERHILL FL 33351 US | | | DO NOT WRITE IN THIS S | SPACE | | |
| | | US | | 3. Date incorporated or Qualifed | | |
| | | | | 03/16/1994 | Applie | d For |
| | | 2a. Mailing Address | | 4. FEI Number | 1 1 | oplicable |
| 2. Principal Plac | | | | 65-0476097 | | |
| 1 4440 | 10. CH 11 0 (10 1) 1 | UC 26 Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 Add | |
| Suite, Apt. #, | etc. | ├ ─┐ | | | | |
| .2 | | City & State | | 6. Election Campaign Financing | \$5.00 Ma Added to F | |
| City & State | 1:11 Florida | 28 | | Trust Fund Contribution | | 003 |
| 23 Laude | COUNTRY COUNTRY | Zip | Country | 8. This corporation owes the current year Inta | angible ∐Yes ∭X | No ' |
| Žip | - IICA | 29 30 | | Personal Property Tax: | | |
| 24 333 | 9. Name and Address of Curre | | | 10. Name and Address of New Registered | | |
| | 9. Name and Address of Guite | | 81 Name | | | |
| SI EDI | DY, HECTOR | | 82 Street Ad | idress (P.O. Box Number is Not Acceptable) | | |
| 4440 | n University DR | | 02 | | | |
| 1 1 1 10 | ERHILL FL 33351 | | 83 | | | |
| LAUDI | ENTILE I E SOCO I | | <u></u> | | 85 Zip Co | de |
| | | | 84 City | <u>FL</u> | <u>- </u> | 1 4 |
| | | | the above-named co | orporation submits this statement for the purpose of ation's board of directors. I hereby accept the apporation | f changing its re intraent as regis | egistereo stered |
| office or re agent. I an | o the provisions of booth, in the Stat egistered agent, or both, in the Stat in familiar with, and accept the oblig | gations of, Section 607.0505, Florida | Statutes. | | | |
| SIGNATURE _ | Signature, typed or printed name of registered a | great and title if apolicable. (NOTE: Re | gistered Agent signature req | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTOR | S IN 12 |
| - | Signature, typed or printed name or registered a | gent une that it appear | | A DOUTION OF CHANGES TO DEFICE TO A | | |
| | OFFICERS A | AND DIRECTORS | 13 | | VI Change | Addition |
| 12. | | AND DIRECTORS | 1.1 TITLE | PT | Change Change | Addition |
| 12. | PT | AND DIRECTORS | | PT Herbor | Change | ☐ Addition |
| | PT SLEPOY, HECTOR | AND DIRECTORS | 1.1 TITLE 1.2 NAME | PT Herbor | Change | ☐ Addition |
| TITLE | PT SLEPOY, HECTOR 4596 N. UNIVERSITY DR. | AND DIRECTORS | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | Slepay, Hector 4440 N. University Drive | · Change | |
| TITLE NAME | PT SLEPOY, HECTOR | AND DIRECTORS | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | Stepoy, Hector 4440 N. University Drive Lauderhill, FL 33351 | Change | |
| TITLE NAME STREET ADDRESS | PT SLEPOY, HECTOR 4596 N. UNIVERSITY DR. LAUDERHILL FL 33351 VS | AND DIRECTORS | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | Stepay, Hector HHHO N. University Drive Lauderhill, FL 33351 | · Change | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT SLEPOY, HECTOR 4596 N. UNIVERSITY DR. LAUDERHILL FL 33351 VS SLEPOY, JACKIE | AND DIRECTORS | 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME | Stepay, Hector HHHO N. University Drive Lauderhill, FL 33351 | · Change | |
| TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME | PT SLEPOY, HECTOR 4596 N. UNIVERSITY DR. LAUDERHILL FL 33351 VS SLEPOY, JACKIE 4596 N. UNIVERSITY DR. | AND DIRECTORS | 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | Stepay, Hector 4440 N. University Drive Louderhill, FL 33351 VS Stepay, Jackie 4440 N. University Drive | Change | Additio |
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 of open attachment with an address, with all other like empowered.