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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P94000037640 (7)

1. Corporation Name
ULTIMA TOURING CO.

REMITTED BY MAY 1

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2520 NORTH POWERLINE RD. POMPANO BEACH FL 33069	2520 NORTH POWERLINE RD. POMPANO BEACH FL 33069

3. Date Incorporated or Qualified: 05/18/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	X Applied For / Not Applicable
21	26 % MICHAEL J. UMLAUF		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22 # 305	27 6300 N.E. 19 AVENUE		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28 FORT LAUDERDALE FL		
Zip / Country	Zip / Country	8. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 33308 / 30		

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: UMLAUF, MICHAEL J.
82 Street Address (P.O. Box Number is Not Acceptable): 6300 N.E. 19 AVENUE
83
84 City: FORT LAUDERDALE FL 85 Zip Code: 33308

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] MICHAEL J. UMLAUF PRESIDENT APRIL 13, 1995
(Signature, type or print name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when mandated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	☐ Change XX Addition PRESIDENT UMLAUF, MICHAEL J. 6300 N.E. 19 AVENUE FORT LAUDERDALE FL 33308
TITLE NAME STREET ADDRESS CITY ST ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition

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)(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 of changed, or on an attachment with an address.

SIGNATURE: [signature] MICHAEL J. UMLAUF 4/13/95 (305)971-3307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0113189 CP