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

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	PROFIT .	FLORIDA DEPI	ARTMENT O	FSTATE			ı
	CORPORATION Sandra B.I ANNUAL REPORT Secretary				İ		
_	7.13.65	7.7	tary of State	TION!C	,		
· · · · · · · · · · · · · · · · · · ·	1996	DIVISION OF	- CORPORA		4		
DOCUM 1. Corporation	MENT # P9400	0038157 (1)				
•	O'S CORNER TOURS & TR	AVEL INC.					
FAOIN	O O COMILIA TOCACO & TA	AVEL IIIO.					
Principal Place	of Business	Mailing Address			I TEGHERI ING NUM ADHA GOM	I BBiit Bâită Mitr Itiai iiai	94 0 1994 1804 1001
5795 WEST I	RLO BRONSON MEMORIAL HWY. FL 34746	5795 WEST IRLO BRO KISSIMMEE FL 34748	ONSON MEMO	ORIAL HWY.			
					3. Date incorporated or Qualified	3a. Date of Last R	
					05/20/1994 4. FEI Number	05/01/19	Applied For
	ace of Business	2a. Mailing Address			59-3249043	├	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	Additional Required
City & State	<u>. </u>	City & State			6. Election Campaign Financing		O May Be
23		28	Course		Trust Fund Contribution 8. This corporation has liability for		d to Fees
Zip	Country 25	Ζφ 29	Gount 30	, y	Florida Statutes 🔀 Yes	□ No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
24	9. Name and Address of Curren				10. Name and Address of New R	legistered Agent	
*		•	8	11 Name			
	WOOD, ROBERT L		8	2 Street Addre	ess (P.O. Box Number is Not Acceptab	ie)	
CARL A. BERTOCH P.A.				3	<u> </u>		
537 EAST PARK AVENUE TALLAHASSEE FL 32301				i4 City		85 Z4	o Code
			1],		FL (")	,
11. Pursuant to or register tamiliar wit	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Secti	and 607.1508, Florida Statut la. Such change was authoriz on 607.0505, Florida Statutes	tes, the above zed by the co s.	e-named corpora rporation's boar	ation submits this statement for the put d of directors. I hereby accept the app	pose of changing its r pintment as registered	agistareo onice I agent. I am
CIGNIATI IDE	Signature, typed or printed name of registered agent			goni signature required		CATÉ	
12.	OFFICERS AND	2.0 1.0.0 1. 14.0.0	13.		ADDITIONS/CHANGES TO OFF		
TITLE	D	DELETE	1, 1 10%	l	•	Change	☐ Addition
MAME	POMA, ROSARIO	HODIAL LINEV	1.2 NAM	ET ADDRESS			
STREET ADDRESS	5795 W IRLO BRONSON MEI KISSIMMEE FL 34746	MURIAL HIVI.		-SI-ZIP			
CITY-ST-ZIP TITLE	NOOMMEL I C OT/ TO	☐ DELETE	2. 1 Tift			☐ Change	Addition
NAME			2.2 NAW	IE			
STREET ADDRESS				ET ADDRESS		•	
CITY-ST-ZIP		IT DELETE	2.4 C/TY 3. 1 T/JL	· ST - ZIP		Change	Addition
TITLE NAME		() state = 1	3 2 NAV				
STREET ADDRESS			3.3. STR	EET AODRESS			
CITY-ST-ZIP		ET OUT ETE	3.4 CHY 4. 1 TOL	· ST · ZIP		Change	Addition
TITLE		☐ DELETE	4.1 III				
NAME STREET ADDRESS				ET ADDRESS	500001829	2225	
CITY-ST-ZIP			4.4 CITY	·ST-ZIP	500001820 	025 Change	Addition
TITLE		DELETE	5 1 7170	i	***200,00	C Custings	
NAME			5.2 NAM 5.2 STR	IE EET ADDRESS			
STREET ADDRESS			4	-SI-ZIP			
CITY-ST-ZIP TIFLE		DEFLLE	6.1101			Change	Addition
NAME			6 2 NAN	E			
STREET ADDRESS	ومناجهن ال			EET ADDRESS		£.I	7.960
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n this filing volunta	hard and al	oes not qualify l	or the exemption stated in Section 119	.07(3)(k), Florida Statu	tes. I further
certify that oath; that		al report of oplemer in ration of the open and of the open and ope			te and that my signature shall have the sreport as required by Chapter 607, F		
		1				\	7

SIGNATURE:

UNAME OF SIGNING DEFICER OR DIRECTOR

(407) 239-1134 Desire Phone 8

0367488