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 #
1. Corporation Name

P94000041569 (2)

WORLDLINK TOURS, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							2011 62111 51641 11661 att.	10 Bille (8/1 1881
1941 UNIVERSITY DRIVE 1941 UNIVERSITY DRIVE								
CORAL SP	RINGS FL 33071	COR	CORAL SPRINGS FL 33071			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		• • • • •
						06/03/1994		
2. Principal F	Place of Business	2a. Mai	ing Address			4. FEI Number		Applied For
21		26				65-0497960		Not Applicable
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27						Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be		
23			ZID Country			Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible		
Zip	Country	Zip		·····	,	B. This corporation owes or has pa Personal Property Tax due June		ntangible ☐ No
24	25 g. Name and Address o	29 29 Current Registerer	Anent	30		10. Name and Address of New Re		
		or Current Negreteret	- Agoilt	81	Name	10. Harris dila regione of Holl Ho	,	
	WEINSTEIN, LAWRENCE 1999 UNIVERSITY DRIVE							
		82 Street Add		dress (P.O. Box Number is Not Acceptat	ole)			
SUITE 402 CORAL SPRINGS FL FL330-71					<u> </u>			
•	JUNNIL OFFINGS FL FLSS	70-7 I		83				_
				84	City		FL 85 Zig	p Code
11 Pursuant	to the provisions of Sections	607 0502 and 607 15	i08 Florida Statut	es the abov	e-pamed cor	rooration submits this statement for the p		its registered
office or	registered agent, or both, in	the State of Florida S	uch change was	authorized b	y the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	ot the appointment a	as registered
	am tamiliar with, and accept	tile obligations of, sec	JUON BUT JUBUS, FI	orida Statute	3 .			
SIGNATURE	Signature typed or printed name of re	gistored agent and lifte if appl	icable (NO)	E Registered Ap	eni signalure requ	uired when reinstating)	DATE	
12.		CERS AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D		DELETE	1.1 TITLE			☐ Change	e
NAME	FULGARO, JAMES I	M		1,2 NAME				
STREET ADDRESS	1941 UNIVERSITY D			1.3 STREET	ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FI	L 33071		1.4 CITY-1	ST - ZIP			
TITLE	0		DELETE	2.1 TITLE			Change	e 🔲 Addition
NAME	RAMUS, RICHARD A	A		2.2 NAME				
STREET ADDRESS	1941 UNIVERSITY D			2.3 STAEE	ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FI	L 33071		2. 4 CITY-	ST - ZIP			
TITLE			DELETE	3.1 TITLE			☐ Change	a . Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-	ST-ZIP			
TITLE			☐ DELETE	4.1 TOLE			☐ Change	e Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREE	T ADDRESS			
City-St-ZiP				4.4 CfTY-	ST-ZIP		— па	. 1 1 1 2 2 2 2 2
TITLE			☐ DELETE	5.1 TITLE			Change	e [] Addition
NAME				52 NAME				
STREET ADDRESS				5.3 STREE	ADDRESS			
CITY-ST-ZIP				5.4 CITY -	ST - ZIP			
TITLE			■ DELETE	6.1 TITLE			Change	e Addition
NAME				6.2 NAME				
STREET ADORESS				6.3 STREE	T ADORESS			
CITY-ST. 7IP				64 CITY-:	ST- ZIP			

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 armual 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.