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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000049277 (4)

TEEN TOURS OF AMERICA, INC.

Principal Place of Business

21440 MILLBROOK CT **BOCA RATON FL 33498** 

City & State

LENNER, ROBERT S 21440 MILLBROOK CT

**BOCA RATON FL 33498** 

22

23

Mailing Address

2a. Mailing Address

City & State

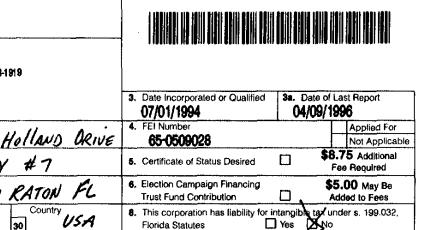
29

9. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

21440 MILLBROOK CT **BOCA RATON FL 33498-1919** 

## **FILED** Jan 28 1997 8:00am Secretary of State



10. Name and Address of New Registered Agent

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

BLY #7

<u> </u>	84 (	City &	BOCA	RATON	FL.	85 Zip	3487
Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the a							
office or registered agent) or total in the State of Florida. Such change was authorize	d by th	ne corpora	tion's boar	d of directors. I h	ereby accept the appo	intment a:	s registered
specification familia with a far about the obligations of Section 607.0505. Florida Stat	tutes						=

RATON

Country

81 Name

**B2** 

В3

agent. I am familia with a land a configurations of, Section 607.0505, Florida Statutes									
SIGNATURE    Stable   Infrare of registered agent and little of applicable (NOTE: Registered Agent signature required when reinstating)   VATE									
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	PDS DELETE	1.1 TITLE	Change Addition						
NAME	LENNER, ROBERT S	1.2 NAME							
STREET ADDRESS	21440 MILLBROOK CT	1.3 STREET ADDRESS							
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY+ST-ZIP							
TITLE	D DELETE	2.1 TITLE	Change Addition						
NAME	LENNER, HEIOI	2.2 NAME							
STREET ADDRESS	21440 MILLBROOK CT	2.3 STREET ADDRESS	·						
CITY - ST - ZIP	BOCA RATON FL	2. 4 CITY - ST - ZIP							
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition						
NAME		3.2 NAME							
STREET ADDRESS		3.3 STREET ADDRESS							
City - St - ZiP		3.4. CITY-ST-ZIP							
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition						
NAME		4. 2 NAME							
STREET ADDRESS		4.3 STREET ADDRESS							
CITY - ST - ZIP		4.4 CITY-ST-ZIP							
TITLE	☐ DELETE	5.1 TITLE	Change Addition						
NAME		5.2 NAME							
STREET ADDRESS		5.3 STREET ADDRESS							
CITY-ST-7IP		5.4 CITY+ST-ZIP	·						
THLE	DELETE	6 1 TITLE	Change Addition						
NAME		62 NAME							
STREET ADDRESS		63 STREET ADDRESS							
CITY-ST-ZIP		6.4 CITY - ST - ZIP							

14. I do 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 received or frustee empowered to secure this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or director of the corporation or appears in Block 12 or Block 13 if changed.

SIGNATURE: