## 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 # P94000049277 (4)

TEEN TOURS OF AMERICA, INC.

Principal Place of Business Mailing Address 1121 HOLLAND DRIVE 1121 HOLLAND DRIVE BAY #7 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33487 BOCA RATON FL 33487** LIS 3. Date Incorporated or Qualified 07/01/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0509028 Not Applicable Suite. Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Yes X No 60 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LENNER, ROBERT S 1121 HOLLAND DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 BAY #7 **BOCA RATON FL 33487** 83 11. Pursuant to the provis and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered facilities. It is statement for the purpose of changing its registered of soft of directors. I hereby accept the appointment as registered of soft of Section 607.0505. Florida Statutes. office or registered agent. I am familiar ID CHANGES-SIGNATURE 12. S AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME LENNER, ROBERT S 1.2 NAME 21440 MILLBROOK CT STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE ☐ Change Addition NAME 2.2 NAME

2.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

2. 4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

6.4 CIDY - 81 - ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with the indicated on this annual report or supplemental annofficer or director of the corporation or the receiver Block 12 or Block 13 if changed, or or an attachment. es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to secute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CiTY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

**FILED** 

Jan 20 1998 8:00am

Secretary of State

561) 998-0/07

Change

☐ Change

Change

Change

Addition

Addition

Addition

Addition