FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90201 025 \*\*\*158.75

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P94000072155

1. Corporation Name

COAST TO COAST TOURS, INC.

Principal Place of Business 7040 LAKE ELLENOR DRIVE SUITE #122 ORLANDO FL 32809-5750		Mailing Address 7040 LAKE ELLENOR DRIVE SUITE #122 ORI ANDO EL 22202-5750													
							DO NOT WRITE IN THIS SPACE								
		ORLANDO FL 32809-5750 US				-	3. Date Ir corporated or Qualifed								
US		US .			_		09/2	8/1994	eu or Q	uameu					
2. Principa P	lace of Business	2a. Mailing Address					4. FEI Number						L	App	lied For
21		26				59-3273720						Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					- Codic	cate of Sta	ntur Dor	rirad			\$8.	75 A	dditional
22		27				1	5. Cem	cite of Si	alus Des	Sireu	1.286		F	ee Re	uired
City & S:at	e	City & State					6. Election Campaign Financing \$5.00 May						May Be		
23		28				Trust Fund Contribution						Added to Fees			
Zip	Country	Zip	Сог	ıntry			g. This o	c rporatio	n owes t	he cur	rent ye	ar Inta	ngible		
24	25	29	30				Perso	nal Prope	rty Tax.				☐ Ye	5	∐No
	9. Name and Address of Current	Registered Agent	<del>-     </del>	ľ		1	0. Name	and Add	dress of	New	Regist	ered /	Agent		
				81	Name	;									
	PANO, SOLEDAD				0	4 A = d=====	/D.O. D.	N. N. I.	r in Not	Accont	labla)				
7719	PINE VISTA COURT			82	Street	t Acdress	(P.O. Bo	x Numbe	r is inol i	Accepi	lable)				
ORL	ANDO FL 32819			83			·								
				84	City							FL	85	Zip C	ode
	to the provisions of S∈ctions 607.0502	and 607 4509. Florida State	tion the n	bow	namer	d comorat	ion cubr	ite thie et	atement	for the			changi	na its	agistered
office or r	egistered agent, or horb, in the State o	of Florida. Such change was	authorized	ı bv	the corr	pore tion's	board of	cirectors.	. I hereb	y acce	pt the	appoir	itment	as rec	stered
agent. a	m familiar with, and accept the obligat	ions of, Section 607,0505, FI	lorida Stat	utes											
SIGNATURE											DA				
	Signature, typed or printed name of registered agent		Registered	Agen	it signature	required whe		IONS/CH/	ANCES	TO 05			D DIP	ECTO	
12.	P OFFICERS AN	DELETE	13.	n c		$\overline{}$	ADUIT	ICINS/CIT	HINGES	10 01	FICEN	(3/114	☐ Ch		Addition
TITLE	'														
NAME	CAMPANO, SOLEDAD		1.2 N												
STREET ADDRE 3S	7719 PINE VISTA COURT		1.3 \$	TREET	ADDRESS	3									
CITY-ST-ZIP	ORLANDO FL 32819			TY-S	T-ZIP_	<u> </u>									
TITLE	VP	☐ DELETE	2.1 TI	TLE									☐ Ch	ange	☐ Addition
NAME	ANDRADE, LUIZ JOSE		2.2 N	AME											
STREET ADDRE 3S	7719 PINE VISTA COURT		2 3 S	TREET	ADDRESS	s									
CITY-ST-ZIP	ORLANDO FL 32819		2.40	ITY-S	T-ZIP										
TITLE		DELETE	3.1 TI	TLE									☐ Ch	ange	☐ Addition
NAME			3.2 N	AME											
STREET ADDRE 3S			3.3 S	TREET	ADDRESS	s									
CITY-ST-ZIP			3.4. C	ITY-S	T-ZIP										
TITLE		☐ DELETE	4.1 T)	TLE									Ch	ange	☐ Addition
NAME			4.21	IAME											
STREET ADDRESS			4		TADDRESS	s									
			1	ITY-S											
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TI		1-415								☐ Ct	ange	Addition
		_ 525212	5.1 N										_	-	_
NAME					ADDRESS	5									
STREET ADDRESS															
CITY-ST-ZIP			■ 54 C	TY-S	1-ZIP	ı									

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 annual report is true and accurate and that my signative 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 per on an attachment with an address, with all other like empowered.

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

DELETE

APRIL, 26th 1999 [407] 438-8611

Addition