05-03-1999 90090 005 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000093979

1. Corporation Name

FOLLOW YOUR DREAM INC

	TOUR DREAM, INC.						
Principal Place of Business Mailing Address							
1120 CLIPPER		C/O GEORGE N. KLIMIS. P					
TARPON SPRINGS FL 34689		30 NORTH RING AVE SUITE 400 TARPON SPRINGS FL 34689				DO NOT WRITE IN THIS SPACE	
			_			3. Date Incorporated or Qualifed	
}						12/20/1994	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For	
21		26				59-3287517 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		27	27			5. Certificate of Status Desired Fee Required	
City & Star	le	City & State			•••	6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country Zip C			ry		8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax. Yes XNo	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
WINTE OFORCE N				11	Name		
			8	82 Street Address (P.O. Box Number is Not Acceptable)			
9. Name and Address of Curr KLIMIS, GEORGE N 30 NORTH RING AVE. SUITE 400 TARPON SPRINGS FL 34689							
			8	13			
) IAH	PRINGS FL 34689 PRINGS FL 34689 PRINGS FL 34689 Apt. #, etc. State Country 25 9. Name and Address of Currer CLIMIS, GEORGE N BO NORTH RING AVE. SUITE 400 FARPON SPRINGS FL 34689 Lant to the provisions of Sections 607.056 or registered agent, or both, in the State to a m familiar with, and accept the obligative of the provisions of Sections 607.056 or registered agent, or both, in the State to a m familiar with, and accept the obligative of the provisions of Sections 607.056 or registered agent, or both, in the State to a m familiar with, and accept the obligative of the provisions of Sections 607.056 or registered agent, or both, in the State to a m familiar with, and accept the obligative of the provisions of Sections 607.056 or registered agent, or both, and accept the obligative of the provisions of Sections 607.056 or registered agent, or both, and accept the obligative of the provisions of Sections 607.056 or registered agent, or both, and accept the obligative of the provisions of Sections 607.056 or registered agent, or both, and accept the obligative of the provisions of Sections 607.056 or registered agent, or both, and accept the obligative of the provisions of Sections 607.056 or registered agent, or both, and accept the obligative of the provisions of Sections 607.056 or registered agent, or both, and accept the obligative of the provisions of Sections 607.056 or registered agent, or both, and accept the obligative of the provisions of Sections 607.056 or registered agent, or both, and accept the obligative of the provisions of Sections 607.056 or registered agent, or both, and accept the obligative of the provisions of Sections 607.056 or registered agent, or both, and accept the obligative of the provisions of Sections 607.056 or registered agent, or both, and accept the obligative of the provisions of Sections 607.056 or registered agent, or both, and accept the obligative of the provisions of Sections 607.056 or registered agent, or both, and accept the obligative of the provisions o			4	City	City 85 Zip Code	
			ľ	~	City	FL 00 25 0000	
- Hinn or I	egistered agent, or both, in the Sta im familiar with, and accept the obl	ate of Florida. Such change was au ligations of, Section 607.0505, Flor	uthorized b rida Statuti	oy t es.	the corporati	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
		-3 t t t t t		gent	t signature requir	red when reinstating) DATE	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		☐ DELETE	1.1 TITLE			Seznot Agt 1/2007	
NAME				1.2 NAME		DON'T V. HAMILLEY	
STREET ADDRESS			1.3 STRE	EET	ADDRESS	1120 0 10093 WI ///21/169	
CITY-ST-ZIP	207		1.4 CITY	-ST	-ZIP	7 Milow 18/10/10) 1 0 0 0 0 1	
TITLE		☐ DELETE	2.1 TITLE	Ε	1	Change Addition	
NAME			2.2 NAM	2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP			
TITLE			3.1 TITLE	TITLE		☐ Change ☐ Addition	
NAME .			3.2 NAM	E	ļ		
STREET ADDRESS 33.5		3.3 STD6	33 STREET ADDRESS				

CITY-ST-ZIP 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 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, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY+ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

3JTT

NAME

CR2E034 (11/98)

Change

☐ Change

Change

Addition

___ Addition

Addition