

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

FILED

Mar 19 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **P95000024535 (3)**

1. Corporation Name

**CB TOURISM & REPRESENTATION INCORPORATED**



Principal Place of Business

**5850 LAKEHURST DRIVE  
SUITE 100A  
ORLANDO FL 32819  
US**

Mailing Address

**2624 ROBERT T. JONES DR.  
#626  
ORLANDO FL 32835  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/27/1995**

4. FEI Number

**59-3305275**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **7345 SANDLAKE RD**

Suite, Apt. #, etc

22 **202**

City & State

23 **ORLANDO FL**

Zip

24 **32819**

Country

2a. Mailing Address

26 **8172 SAINT AIBANS DR.**

Suite, Apt. #, etc

27

City & State

28 **ORLANDO FLORIDA**

Zip

29 **32835**

Country

30

9. Name and Address of Current Registered Agent

**MACDANIEL, JOHN M  
TWO SOUTH BISCAYNE BLVD. SUITE 2975  
ONE BISCAYNE TOWER  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

**CID C. FORLEO**

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

**8172 SAINT AIBANS DR.**

83

84 City

**ORLANDO**

FL

85 Zip Code

**32835**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Cid C. Forleo*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**01/08/98**

12. OFFICERS AND DIRECTORS

|                |                                     |                                 |
|----------------|-------------------------------------|---------------------------------|
| TITLE          | <b>VP</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>CID C. FORLEO</b>                |                                 |
| STREET ADDRESS | <b>2624 ROBERT TRENT JONES #626</b> |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>                   |                                 |

|                |                                     |                                 |
|----------------|-------------------------------------|---------------------------------|
| TITLE          | <b>T</b>                            | <input type="checkbox"/> DELETE |
| NAME           | <b>LAURA M. FORLEO</b>              |                                 |
| STREET ADDRESS | <b>2624 ROBERT TRENT JONES #626</b> |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>                   |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                              |  |
|--------------------|------------------------------|--|
| 1.1 TITLE          | <b>P-VP-S-T-D</b>            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>LAURA M. FORLEO</b>       |  |
| 1.3 STREET ADDRESS | <b>8172 SAINT AIBANS DR.</b> |  |
| 1.4 CITY-ST-ZIP    | <b>ORLANDO FL 32835</b>      |  |

|                    |  |   |
|--------------------|--|---|
| 2.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |   |
| 2.3 STREET ADDRESS |  |   |
| 2.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 3.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |   |
| 3.3 STREET ADDRESS |  |   |
| 3.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 4.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |   |
| 4.3 STREET ADDRESS |  |   |
| 4.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 5.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |  |   |
| 5.3 STREET ADDRESS |  |   |
| 5.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 6.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |  |   |
| 6.3 STREET ADDRESS |  |   |
| 6.4 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 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.

SIGNATURE: *Cid C. Forleo*

**02/19/98 (407) 296-7747**

CR2E034 (10/97)