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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90146 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000024535

1. Corporation Name

CB TOURISM & REPRESENTATION INCORPORATED



Principal Place of Business

7345 SANDLAKE RD
202
ORLANDO FL 32819
US

Mailing Address

8172 SAINT ALBANS 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 ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **7345 SAND LAKE RD**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **201**

Suite, Apt. #, etc.

27 City & State

23 **ORLANDO**

City & State

Zip Country

24 **FL** 25 **32819**

Zip

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CID C FORIEO
8172 SAINT ALBAND DR
ORLANDO FL 32835

81 Name

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

83

84 City

FL

85 Zip Code - -

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PVST** ☐ DELETE

NAME **FORIEO, LAURA M**
STREET ADDRESS **8172 SAINT ALBANS DR**
CITY-ST-ZIP **ORLANDO FL 32835**

1.1 TITLE ☐ Change ☐ Addition

TITLE **T** ☐ DELETE

NAME **LAURA M. FORLEO**
STREET ADDRESS **2624 ROBERT TRENT JONES #626**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **FORIEO, LAURA M**
STREET ADDRESS **8172 SAINT ALBANS DR**
CITY-ST-ZIP **ORLANDO FL 32835**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: **Laura M Forleo**

02/24/99 **0407/296-7742**

CR2E034 (11/98)