## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Sep 18 1997 8:00am

Secretary of State

Control of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000028108 (5)

SUN INTERNATIONAL TOUR AND TRAVEL INC.

Principal Place of Business Mailing Address 265 SPRINGS COLONY CIR 265 SPRINGS COLONY CIR **SUITE 156** SUITE 156 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 04/10/1995 06/19/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 26 59-3368677 Not Applicable Sulte, 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 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MICHALS, ROSALINDA C 265 SPRINGS COLONY CIR 82 Street Address (P.O. Box Number is Not Acceptable) ALTAMONTE SPRINGS FL 32714 83 Zip Code 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 607.505, Florida Statutes. SIGNATUR OFFICERS AND DIRECTORS 12. 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE Change Addition FOSSILNOT MICHALS, ROSAUNDA C NAME 1.2 NAME 265 SPRINGS COLONY CIR STE 158 STREET ADDRESS 1.3 STREET ADDRESS **ALTAMONTE SPRINGS FL** CITY-ST-ZIP NAME MISSPELLE 1.4 CITY-S1-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 52 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 900002298919 6.1 TITLE Addition NAME 6.2 NAME -09/22/97--01015--040 STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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 eath; 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.

6.4 CITY - \$1 - ZIP

\*\*\*550.00