

FILE NOW; FILING FEE AFTER MAY 148-6225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000059223 (4)

1. Corporation Name

H.M. TRAVEL & TOURS, INC.



Principal Place of Business

600 NORTH THACKER AVE.
SUITE D-37
KISSIMMEE FL 34741

Mailing Address

600 NORTH THACKER AVE.
SUITE D-37
KISSIMMEE FL 34741

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

MUZI, HUGO M
830-A EAST VINE STREET
KISSIMMEE FL 34744

3. Date Incorporated or Qualified

07/31/1995

3a. Date of Last Report

4. FEI Number

59-3329064

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81

Name

MUZI, HUGO M.

82

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

600 NORTH THACKER AVE., SUITE D-37

83

84

City

KISSIMMEE

FL

85 Zip Code

34741

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 re-elected)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HUGO H. MUZI

STREET ADDRESS 600 N. THACKER AVE STE D-37

CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE ☐ DELETE

NAME HUGO H. MUZI

STREET ADDRESS 600 N. THACKER AVE STE D-37

CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE ☐ DELETE

NAME HUGO H. MUZI

STREET ADDRESS 600 N. THACKER AVE STE D-37

CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE ☐ DELETE

NAME HUGO H. MUZI

STREET ADDRESS 600 N. THACKER AVE STE D-37

CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE ☐ DELETE

NAME HUGO H. MUZI

STREET ADDRESS 600 N. THACKER AVE STE D-37

CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100001748501
-03/19/96--01028--013

***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Hugo Muzi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-96 (407)870-9631

Date

Daytime Phone #

CR2E034 (12/95)