

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000071044 (8)

1. Corporation Name

G. TOURS WHOLESALE AND TOURISM, INC.



Principal Place of Business

9948 BAY VISTA ESTATES BLVD
ORLANDO FL 32836

Mailing Address

9948 BAY VISTA ESTATES BLVD
ORLANDO FL 32836

3. Date Incorporated or Qualified
09/11/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

21 Total Grand National Dr

Suite, Apt. #, etc.

22 105L

City & State

23 Orlando, FL

Zip

24 32819

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 SAME

City & State

28

Zip

29

Country

30

4. FEI Number

59-3337677

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

9. Name and Address of Current Registered Agent

WASHBURN, KENNETH B.
7380 SAND LAKE ROAD
SUITE 500
ORLANDO FL 32819

CANCELLED

10. Name and Address of New Registered Agent

81 Name

Gattuso, Ana Maria C.

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

9948 Bay Vista Estates Blvd

83

84 City

Orlando

FL

85 Zip Code

32836

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 name of person registered agent, and then if applicable

Signature, typed name of Agent, and then if applicable

DATE

04/02/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME GATTUSO, ANA MARIA C.
STREET ADDRESS 9948 BAY VISTA ESTATES BLVD
CITY-ST-ZIP ORLANDO FL 32836
☐ DELETE
OK.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96 (407) 363 0797

CR2E034 (12/95)