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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000082170 (8) FILED

98 APR 29 MIII0: 51

SECRETARY OF STATE

 Corporatio 	n Name		(-)		IALLAH/ABBEL	LUMUM
TIDEWATER TOURS, INC.						
					A LEGATION OF THE BROKE BROKE GROVE AND A COLOR	INDIA MANA MANA MANA KAMBANA
Principal Plac	e of Business	Mailing Address			1 10011991 618 1919) 0/1/6 60611 06111 00111 90101	
•	5 SE 7TH ST.	STE. 301. 315 S	E 7TLL CT			
FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301						
					DO NOT WRITE IN THI	IS SPACE
					3. Date Incorporated or Qualified	
					10/26/1995	
2. Principal P	lace of Business	2a. Mailing Addre	SS		4. FEI Number	Applied For
21		26			NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #,	etc		5. Certificate of Status Desired	\$8.75 Additional
22		27			S. Cermicate or otatos Desired	Fee Required
City & State	0	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	·		Trust Fund Contribution	Added to Fees
Zip	├ ──┐ ′ ├─┐ ' ├─┐		Cou	ntry	8. This corporation owes or has paid the	
24	25 29 30 9. Name and Address of Current Registered Agent		[30]		Personal Property Tax due June 30.	☐ Yes ☐ No
1.4		ent Registered Agent		81 Name	10. Name and Address of New Registere	o Agent
	TONA, JOHN			1		
	E. 301, 315 SE 7TH ST.		[82 Street Add	ress (P.O. Box Municipality von Acromatie)	16142
FI	. LAUDERDALE FL 33301		-	83	-05/05/98 -	-01113 - 016
				~~	****150.00) ****150.00
			·	84 City		85 Zip Code
11 Pursuant	to the provisions of Sections 607.0	502 and 607 1508 Florid	Statutes the ah	Ove-pamed cor	poration submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the Sta	ite of Florida. Such chang	je was authorized	by the corpora	ation's board of directors. I hereby accept the a	ppointment as registered
-	m familiar with, and accept the obl	igations of, Section 607.t	505, Florida Stati	iles.		
SIGNATURE	Signature, typed or printed name of regeliered a	one of an etrotic of appoint able	(NOTE: Begistered	Agant signature recu	ired when reinstating) DATE	
12.		ND DIRECTORS	13.	9-0	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE 1.		LE		Change Addition
NAME	BEKOFF, ROBERT		1,2 NA	ME		
STREET ADDRESS 315 SE 7TH ST. #301			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	1	1.4 CIT	Y-ST-ZIP		
TITLE	D	☐ DEL				Change Addition
NAME			22 NA	MF (
STREET ADDRESS	315 SE 7TH ST. #301		2.3 \$11	REET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	1	2.4 Ci	TY-ST-ZIP		
TĶ ∮ E		DEI	ETE 3.1 TIT	·Ε		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 STF	REE1 ADDRESS		
CITY-ST-ZIP			3.4. CI	Y-ST-ZIP		
TITLE		L) DEL	ETE 4.1 TIT	r£		Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP				Y-\$1-ZIP		
TITLE		☐ DEL				Change Addition
NAME			5 2 NA	-		
STREET ADDRESS				IEET ADDRESS	_	
CITY-ST-ZIP				Y-ST-ZIP		Observa Tables
TITLE		DEI			94.29.48	Change Addition
NAME			6.2 NA		1 127	
STREET ADDRESS				REET ADDRESS	4	i
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP		

14. Thereby 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 13 if changed, or on an attachment with an address.