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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

P95000088709 (7)

ALL SEASON TICKETS & TOURS, INC.

Principal Place of Business 4215 SOUTHPOINT BOULEVARD SUITE 100 JACKSONVILLE FL 32216

Mailing Address

SIGNATURE AND TWOSE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4215 SOUTHPOINT BOULEVARD SUITE 100 JACKSONVILLE FL 82216-0999

FILED

Apr 22 1997 8:00am Secretary of State



					11/17/1995	05/01/1996		
2. Principal Place of Business	28. Mailing Address	Mailing Address			4. FEI Number			plied For
21		26			59-3348068		Not Applicable	
Suite, Apt #, etc.	Suite, Apt #, etc.	, Apt #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State City & Sta		tate			6. Election Campaign Financing		\$5.00	May Be
23 28					Trust Fund Contribution			
Zip Country	Ζιρ	Cou	ntry		8. This corporation has liability for i			199.032,
24 25	29)	30				Yes 🗌		'
9. Name and Address of Co	urrent Registered Agent		nal N		10. Name and Address of New Re	platered Ag	ent	
SCHNEIDER, MICHAEL N 4215 SOUTHPOINT BOULEVARD SUITE 100 JACKSONVILLE FL 32216			81 Name					
			82 Street Address (P.O. Box Number is Not Acceptable)					
			83					
			84 C	ty			85 Zip (Code
			1			FL		
 Pursuant to the provisions of Sections 60, office or registered agent, or both, in the agent I am familiar with, and accept the 	7.0502 and 607.1508, Florida Statu State of Florida. Such change was	ites, the at authorized	oove-na d by the	med corp corporati	poration submits this statement for the p ion's board of directors. I hereby accer	urpose of c	hanging it ntment as	s registered realstered
agent. I am lamiliar with, and accept the	obligations of, Section 607.0505, F	lorida Stat	utes.					
SIGNATURE								
Signature, typical or printed name of register			d Agent sig	nature requir	ed when reinstating)	DATE	10.000	0.10.
	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
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HILL	☐ DELETE	21 11				-] (Thange	Addition
NAMe		22 N/				5 1 5 5		
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NAM!		3.2 N/		ł				
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STEFFT APORESS		ľ						
THE STATE	DELETE	6.4 U	TY-ST-ZII			r	Change	[] Add:tion
NAM	C''' DECENT	62 N		1		L	- contraction	7100.000
STREET ADDRESS			REET ADD					
14. I do hereby certify that the information su	national with this filing dose and aug		TY-SI-ZI		t in Section 119 07/3Vi) Florida Statuta	e I further o	ertify that	the
I do hereby certify that the information su information indicated on this annual repoil I am an officer or director of the corporation appears in Block 12 or Block 13 if change	it or supplemental annual report is	true and a	ocurate	and that	rmy signature shall have the same lega	Leffect as it	made un	der oath: tha
SIGNATURE:	Auf The Land	TITE.			3/23/47	90	1-398	-5557