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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000096730 (3)

DOCUMENT # 1. Corporation Name

TOUR ELITE, INC.										
Principal Place	e of Business	Mailing /	Address				f idditent sin famil ditti dalit parit	Maili Gbild	19119 4 1111 (988)	1164 189 1
5827 DONNE ORLANDO F	ELLY CIRCLE FL 32821		5827 DONNELLY CIRCLE ORLANDO FL 32821							
							3. Date Incorporated or Qualified 12/21/1995	3a . Da	ate of Last Ro	inger .
2. Principal P	Place of Business	2a. Mail	2a. Mailing Address			4. FEI Number			Applied For	
21		26								Not Applicable
Suite, Apt	#, etc.	h 1	Suite Apt. ⊮, etc.			5. Certificate of Status Desired			Additional Required	
City & Stat	ito		& State				6. Election Campaign Financing			May Be
23	ne-	28					Trust Fund Contribution			to Fees
Ζip	Country	Zφ		Coun	trγ		8. This corporation has liability for		tax under s	199.032,
24	25	29		30				No No		
	9. Name and Address of Curr	ent Registered	d Agent				10. Name and Address of New I	Hegistere	o Agent	
				ľ		Name				
	EZE, HARRY				82 Street Addre		ress (P.O. Box Number is Not Accepta	ble;		
	DONNELLY CIRCLE									
UHLAN	NDO FL 32821									
				Į.	84 (Oity		F	85 Zip	o Code
SIGNATURE	Signatural typed or printed name of registered up	jenta sottie Egisleal			Agent sa	gjirahar, cenhilir	സ്കനാപ്സ്ള്	DATE		
12.	OFFICERS A						ADDITIONS/OHANGES TO DE	DICK DC AT	NID DIRECTO	RESIDENCE
	тВ	AND DIRECTOR		13.	1.5	1	ADDITIONS/CHANGES TO OF	FICERS A		DRS IN 12
TITLE	DEVRIEZE HARRY	AND DIRECTOR	DELETE	1.5 Te			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO ☐ Change	
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Foo hereby cerely man the information supplied with this tilling is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(4), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the simile logal effect as if made under oath; that I am an office or director of the coporation of the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 1 changed, or on an effective with an address

SIGNATURE:

SIGNATURE TO TYPE OR HAINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-96 407-739-1276