

FLORIDA DEFARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P96000052814

JOAN HEARNS TOURS, INC.

Principal Flace of Business 6680 N.W. 40TH STREET

Mailing Address

6680 N.W. 40TH STREET

## **FILED** Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90237 048 \*\*\*150.00



VIRGINIA CARDENS FL 33166		VIRGINIA GARDENS FL 3316	VIRGINIA GARDENS FL 33166		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					06/17/1996		
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26	26		65-0702289	1	No Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	•	Additional Required
City & State		City & State			6. Electicin Campaign Financing	\$5.0	<b>Q</b> May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	ar Intangible	٠.
24	25	293	0		Personal Property Tax.	☐ Yes	
	9. Name and Adcress of	Current Registered Agent			10. Name and Address of New Registe	red Agent	
UEADN	10 10441 0		81	Name			
	IS, JOAN R		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	I.W. 40TH STREET						
VIRGIN	IA GARDENS FL 33166	•	83				
			84	City		FL 85 Zij	p Code
11 Pursuant to t	he provisions of Sections 6	507 0502 and 607 1508. Florida Statutes	the abov	e-named cc	rporation submits this statement for the purpos	se of changing i	its registered
office or regis	stere <i>d</i> adjent or horb in the	e State of Florida. Such change was ⊲ut	horized by	the corpora	tion's board of cirectors. I hereby accept the a	pcointment as	reg stered
agent. , am	amiliar with, and accept, the	bbligations of, Section 607.0505, Florid	ia Statutes		بدایان ک	195	
SIGNATURE	nature, typed or printed na ne of regis	stered agent and title if applicable. (NOTI:: R	legistered Age	nt signature requ	ired when reinstating) DAT	<u>-</u>	<del></del>
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	TOFS IN 12
	OPS .	☐ DELETE	1.1 TITLE			☐ Change	e 🗌 Addition
· · · · · · · · · · · · · · · · · · ·	HEARNS, JOAN R		1.2 NAME				
	3680 N.W. 40TH STREE	Ť	1.3 STREE	TADDRESS			
	/IRGINIA GARDENS FL		1.4 CITY-S	T-ZIP	_		
TITLE		☐ DELETE	2.1 TITLE			Chang	ge 🔲 Addition
NAME			2.2 NAME	ļ			ļ
STREET ADDRESS			2.3 STREE	TADDRESS			-
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Chang	ge 🔲 Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			ļ
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Chang	e Addition
NAME			4. 2 NAME	į			
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-9	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Chang	ge 🔲 Addition
NAME			5.2 NAME	[			\
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	ge 🗌 Addition
NAME			6.2 NAME	1			ļ
STREET ADDRES 3			6.3 STREE	TADDRESS			ŀ
CITY-ST-ZIP			6.4 CITY-5				
14. I hereby cert	ify that the information sup	plied with this filing does not qualify for t	he exemp	ion stated in	n Section 119.07(-)(i), Florida Statutes. I furthe	er certify that the	e intermation

of 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 an attachment with an address, with all other like empowered.

SIGNATURE

CR2E034 (11/98)