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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

**DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000061198 (3)

AMERICAN RECEPTIVE TOURS, INC.

Principal Place of Business

Mailing Address

FILED Mar 26 1998 8:00am Secretary of State



2080 SOUTH OCEAN DRIVE 2000 SOUTH OCEAN DRIVE HALLANDALE FL 33009 HALLANDALE FL 33009 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 21 65-0683209 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAIDACHER, HANS 901 S SURF ROAD #304 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33019 83 84 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, 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 or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition HAIDACHER, HANS NAME 1.2 NAME 901 S. SURF ROAD #304 STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition HUEBL, STEFAN NAME 2.2 NAME 1607 FUNSTON ST. STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 400002470154 -03/27/98--01012--004 Change \*\*\*150.00 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the informingicated on this annual report In 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 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 ation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the co Block 12 or Block 13 if cha ed, or on an attachment with an address.