


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

FILED

Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000064579 (1)

1. Corporation Name
ON-TOUR, INC.

Principal Place of Business
400 N.W. 10TH TERRACE
HALLANDALE FL 33009

Mailing Address
400 N.W. 10TH TERRACE
HALLANDALE FL 33009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1008 W. HALLANDALE BEACH BLVD Suite, Apt. #, etc. 22 City & State 23 HALLANDALE, FL Zip 24 33009		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 FL Zip 29 33009		3. Date Incorporated or Qualified 08/01/1996	
				4. FEI Number 65-0685564	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CARTWRIGHT, JEFFREY S. 417 S.E. 3RD PLACE DANIA FL 33004		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 FL 85 Zip Code	
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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D
NAME	CARTWRIGHT, CHRISTOPHER	1.2 NAME	THOMAS CARTWRIGHT
STREET ADDRESS	400 N.W. 10TH TERRACE	1.3 STREET ADDRESS	1008 W. HALLANDALE BEACH BLVD
CITY - ST - ZIP	HALLANDALE FL 33009	1.4 CITY - ST - ZIP	HALLANDALE, FL 33009
TITLE	D	2.1 TITLE	S/T/D
NAME	COLEMAN, ROSS	2.2 NAME	JEFFREY S. CARTWRIGHT
STREET ADDRESS	400 N.W. 10TH TERRACE	2.3 STREET ADDRESS	1008 W. HALLANDALE BEACH BLVD
CITY - ST - ZIP	HALLANDALE FL 33009	2.4 CITY - ST - ZIP	HALLANDALE, FL 33009
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/98

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CR2E034 (10/97)