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Jun 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000078448 (3)
1. Corporation Name
TOURISM ADVISORY GROUP WORLD SERVICES, INC.



Principal Place of Business
11380 PROSPERITY FARMS ROAD, SUITE 201
PALM BEACH GARDENS FL 33410

Mailing Address
11380 PROSPERITY FARMS ROAD, SUITE 201
PALM BEACH GARDENS FL 33410-3495

3. Date Incorporated or Qualified
09/19/1996

3a. Date of Last Report
—

2. Principal Place of Business
21 1968 Windsor Drive
Suite, Apt. #, etc.
22
City & State
23 North Palm Beach FL
Zip
24 33408
Country
25 US

2a. Mailing Address
26 1968 Windsor Drive
Suite, Apt. #, etc.
27
City & State
28 North Palm Beach FL
Zip
29 33408
Country
30 US

4. FEI Number
65-0711897

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
HELGESEN, ANDREW
11380 PROSPERITY FARMS ROAD, SUITE 201
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent
81 Name
CHURCH, ROBERT
82 Street Address (P.O. Box Number is Not Acceptable)
1970 Windsor Drive
83
84 City
North Palm Beach FL
85 Zip Code
33408

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 Robert Church
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 6/6/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	WATES, BRIAN L	1968 WINDSOR DRIVE	NORTH PALM BEACH FL 33408-2838	<input type="checkbox"/>
D	WATES, GERTRUDE M	1968 WINDSOR DRIVE	NORTH PALM BEACH FL 33408-2838	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
1.1				<input type="checkbox"/>	<input type="checkbox"/>
1.2				<input type="checkbox"/>	<input type="checkbox"/>
1.3				<input type="checkbox"/>	<input type="checkbox"/>
1.4				<input type="checkbox"/>	<input type="checkbox"/>
2.1				<input type="checkbox"/>	<input type="checkbox"/>
2.2				<input type="checkbox"/>	<input type="checkbox"/>
2.3				<input type="checkbox"/>	<input type="checkbox"/>
2.4				<input type="checkbox"/>	<input type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>
3.2				<input type="checkbox"/>	<input type="checkbox"/>
3.3				<input type="checkbox"/>	<input type="checkbox"/>
3.4				<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>
4.2				<input type="checkbox"/>	<input type="checkbox"/>
4.3				<input type="checkbox"/>	<input type="checkbox"/>
4.4				<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>
5.2				<input type="checkbox"/>	<input type="checkbox"/>
5.3				<input type="checkbox"/>	<input type="checkbox"/>
5.4				<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>
6.2				<input type="checkbox"/>	<input type="checkbox"/>
6.3				<input type="checkbox"/>	<input type="checkbox"/>
6.4				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

Brian L. Wates

CR2E034 (9/96)