Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90030 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000081226

1. Corporation Name

SEVEN MARY THREE TOURING, INC.

		_			
Principal Place	e of Business	Mailing Address			
21835 LAKE SENECA RD		111 2ND AVE NE		•	
EUSTIS FL 32726		SUITE 1200			DO NOT WRITE IN THIS SPACE
		ST PETERSBURG FL 33701			
		us			3. Date Incorporated or Qualified 10/01/1996
2, Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21(26			59-3403672 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired — \$8.75 Additional
22		27			5. Certificate of Status Desired 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		,	This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent	4		10. Name and Address of New Registered Agent
	0400H 0400FL 0		81	Name	
MASSARONI, DARREL R		82		Street A	Address (P.O. Box Number is Not Acceptable)
21835 LAKE SENECA RD			L		
EUS.	TIS FL 32726		83		
	-	r	84	City	FL 85 Zip Code
		and 607 1509 Florida Statutes the	_L	e-named c	corporation submits this statement for the purpose of changing its registered
office of F	egistered agent, or both, in the State of m familiar with, and accept the obligation	if Florida. Such change was authoriz	ad DV	the corpor	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Register	ed Áge	nt signature rec	equired when reinstating) DATE
12.	OFFICERS AND		ī		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE 1.1	TITLE		☐ Change ☐ Addition
NAME .	ROSS, JASON	12	NAME	1	
STREET ADDRESS	21835 LAKE SENECA RD	1.3	STREE	T ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	1,4	1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE 2.1	2.1 TITLE		☐ Change ☐ Addition
NAME	POLLOCK, JASON	2.2	2.2 NAME		
STREET ADDRESS	21835 LAKE SENECA RD	2.3	2.3 STREET AD		
_CITY-\$T-ZIP	EUSTIS FL 32726	.2:4	2.4 CITY-ST-ZIP		A GOVERNMENT OF THE STATE OF TH
TITLE	D		3.1 TTLE		· Change Addition
NAME	KHALSA, GITI	3.2	NAME		·
STREET ADDRESS	21835 LAKE SENECA RD	3.3	STREE	TADORESS	
C/TY-ST-ZIP	EUSTIS FL 32726	3.4	CITY-	ST-ZIP	,
TITLE	D	☐ DELETE 4.1			☐ Change ☐ Addition
NAME	DANIEL, CASEY	4.2	NAME		
STREET ADDRESS	21835 LAKE SENECA RD	4.3	4.3 STREET AD		
CITY-ST-ZIP			CITY-S	l l	
TITLE	2001107202720		TITLE	+	☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS		5.3	STREE	TADDRESS	
CITY-ST-ZIP		5.4	CITY-S	T-ZIP	
OI 1 - 91 - 21F	1	■ 4.4			
TITLE			TITLE		☐ Change ☐ Addition

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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR