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Apr 21 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 # **P96000090625 (0)**

1. Corporation Name
STAR TRAVEL TOUR SERVICE, INC.

Principal Place of Business	Mailing Address
2620 WEST BAY DRIVE JOHANSEN BUILDING LARGO FL 34640	2620 WEST BAY DRIVE JOHANSEN BUILDING LARGO FL 33770-1937

3. Date Incorporated or Qualified: 11/04/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Belleair Bluffs	City & State 28 Belleair Bluffs
Zip 24 33770 Country 25 Pinellas	Zip 29 33770 Country 30 Pinellas

4. FEI Number: 59-3409658 ☐ Applied For ☐ Not Applicable

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

GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHANSEN, GLEN R		1.2 NAME		
STREET ADDRESS	2620 W BAY DR, JOHANSEN BLDG		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33770		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHANSEN, KATHLEEN O		2.2 NAME		
STREET ADDRESS	2620 W BAY DR, JOHANSEN BLDG		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33770		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHANSEN, WILLIAM JOSEPH		3.2 NAME		
STREET ADDRESS	2620 W BAY DR, JOHANSEN BLDG		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33770		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHANSEN, JOAN DANFORTH		4.2 NAME		
STREET ADDRESS	2620 W BAY DR, JOHANSEN BLDG		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33770		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

SIGNATURE: William F. Johnson 813-