

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000091297 (7)**

1. Corporation Name

**FLORIDA SIGHTSEEING TOURS, INC.**

Principal Place of Business

**6149 CHANCELLOR DRIVE  
SUITE 700  
ORLANDO FL 32809**

Mailing Address

**6149 CHANCELLOR DRIVE  
SUITE 700  
ORLANDO FL 32809**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	<b>6149 CHANCELLOR DR.</b>	26	<b>6149 CHANCELLOR DR.</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	<b>SUITE 600</b>	27	<b>SUITE 600</b>
City & State		City & State	
23	<b>ORLANDO FL.</b>	28	<b>ORLANDO FL.</b>
Zip		Zip	
24	<b>32809</b>	29	<b>32809</b>
Country		Country	
25		30	

3. Date Incorporated or Qualified <b>11/01/1996</b>	
4. FEI Number <b>59-3432621</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HEINKEL, R. LAWRENCE  
201 W CANTON AVENUE  
SUITE 150  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81	Name <b>HEINKEL, R. LAWRENCE</b>
82	Street Address (P.O. Box Number is Not Acceptable) <b>135 W. CENTRAL BLVD.</b>
83	<b>SUITE 220</b>
84	City <b>ORLANDO</b>
85	Zip Code <b>32801</b>

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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b>	1.1 TITLE	<b>A, P, S, T</b>
NAME	<b>FRAHM, LARAINÉ</b>	1.2 NAME	
STREET ADDRESS	<b>6149 CHANCELLOR DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<b>A</b>
NAME	<b>FRAHM, PHIL A</b>	2.2 NAME	
STREET ADDRESS	<b>6149 CHANCELLOR DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	
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

CR2E034 (10/97)