PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000102735

1. Corporation Name

CONTOURS INTERNATIONAL TOURS & TRAVEL, INC.

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90118 005 ***150.00



Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required City & State City & State City & State Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required Fee Required \$5.00.May.Be	3512 SOUTH ATLANTIC AVE. NEW SMYRNA BEACH FL 32 2. Principal Place of Busin 21 3508 South A	ess .	3512 SOUTH ATLANTIC AV NEW SMYRNA BEACH FL 3	E. 2169		DO NOT WRI			
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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 agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE The Confidency of printed namber registered agent agent agent limit flappeable (NOTE: Registered Agent in the Statutes) DATE	l .			B	3		<u> </u>		
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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE The	INCH ORITHMA	ENOTT L'OLTOC		ľ	" <i>88</i>	4 Dyster Quay			
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agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	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 of corporation in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
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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.

SIGNATURE: