

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

03-03-1999 90118 005 ***150.00

DOCUMENT # P96000102735

1. Corporation Name

CONTOURS INTERNATIONAL TOURS & TRAVEL, INC.



Principal Place of Business

3512 SOUTH ATLANTIC AVE.
NEW SMYRNA BEACH FL 32169

Mailing Address

3512 SOUTH ATLANTIC AVE.
NEW SMYRNA BEACH FL 32169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1996

2. Principal Place of Business

21 **3508 South Atlantic Ave.**

2a. Mailing Address

26 **3508 South Atlantic Ave.**

4. FEI Number

59-3431001

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 **New Smyrna Beach**

City & State

28 **New Smyrna Beach**

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Zip Country

24 **FL 32169**

Zip Country

29 **FL 32169**

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZAHN, FRANK
417 CANAL STREET
NEW SMYRNA BEACH FL 32168

81 Name

Zahn, Frank

82 Street Address (P.O. Box Number is Not Acceptable)

83 **884 Oyster Quay**

84 City

New Smyrna Beach

85

Zip Code

32169

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 **Frank Zahn** **Frank Zahn** **02/09/99**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **ZAHN, FRANK**
STREET ADDRESS **3512 SOUTH ATLANTIC AVE.**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Zahn, Frank**
1.3 STREET ADDRESS **884 Oyster Quay**
1.4 CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Frank Zahn **FRANK ZAHN**

02/09/99

(904) 428-0177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)