SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



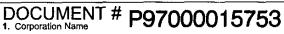
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Aug 02, 1999 8:00 am Secretary of State

08-02-1999 90015 022 ***550.00



POLARIS TOURS, INC.

Principal Plac	e of Business	Mailing Address			T LEGULARI LIG IRIUC IRRUL GREIL GREIL	MATRIC MEIRI FIN	DE CHEEL CER	et e ttee titt	ILL	
7014 EDGEWORTH DR. 7014 SDGEWORTH DR.										
ORLANDO FL 3										
				DO NOT WRITE IN THIS SPACE						
1			3. Date Incorporated or Qualified					į		
·					02/19/1997					l
	Place of Business	2a. Mailing Address			4. FEI Number		-	Applied Fe	$-\!-\!-$	
21 7130 S.O.B.T		26 7130 SOUTH OPENER BOSSIN TRAIL			59-3427997			Not Applic		
Suite, Apt. #, etc. # よん		Suite, Apt. #, etc. 27 SUITE 210			5. Certificate of Status Desired	\$8.75 Additional Fee Required				Í
City & Stat	nolan do	City & State			6. Election Campaign Financing			O May Bo		l
23		28 08/200			Trust Fund Contribution	Added to Fees			i	
^{Zip} 32	809 Country ORANGE	29 Zip 32809	Country 30 O2	ance	8. This corporation owes the current year Intangible Personal Property. Yes No					
	9. Name and Address of Current	10. Name and Address of New Registered Agent					ĺ			
200	ATTO VERONICA	81	Name	$\overline{}$					l	
RAGAZZO, VERONICA				Street Addr	ess (P.O. Box Number is Not Acceptate	ss (P.O. Box Number is Not Acceptable)				
7014 EDGEWORTH DR.				L					i	l
ORLANDO FL 32819			83	1						
			84	City			85 Zi	p Code		ĺ
1					<u> FL</u>	<u>L.</u>			ĺ	
l office or	t to the provisions of sections 607,0502 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	ithorized by	/ the corporation	ration submits this statement for the pur on's board of directors. I hereby accept	pose of cha the appoint	nging its ment as	registered registered	d d	
1 -	arri fathillar with, and accept the obliga	1013 01, 3001011 001.0303, 1101	ida Olalbic.	o.					}	1
SIGNATURE	Storature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered A	Agent signature requ	lired when reinstating)	DATE]	6
12.	OFFICERS ANI	DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AND DIREC		DIREC	TORS IN	12	ŏ
TITLE	D	DELETE 1.1				L	Change	a 📙 Ad	ddition]	R2F034 (5/99
NAME	RAGAZZO, VERONICA		1.2 NAME							3
STREET ADDRESS	7014 EDGEWORTH DR.		1.3 STREET	ADDRESS					Į	7
CITY-ST-ZIP	ORLANDO FL 32819 14			T-ZIP						2
TITLE	D	DELETE 2.1					Change	∍ Li Ad	ddition	-
NAME	GUTIERREZ, GERARDO		2.2 NAME						-	}
STREET ADDRESS			2.3 STREET	T ADORESS					- 1	
CITY-ST-ZIP	ORLANDO FL 32819	2.40		T-ZIP						
TITLE	P	DELETE	3.1 TITLE	}		L	Change	a L Ad	dition	1
NAME	CATTANEO, IONE I	3.2 N								l
STREET ADDRESS			3.3 STREET	ADDRESS	_				{	
CITY-ST-ZIP	ORLANDO FL 32811		3.4 CITY-S	T-ZIP						l
TITLE	`	DELETE	4.1 TITLE			L	Change	a L Ad	ddition	
NAME			4.2 NAME	}					i	ĺ
STREET ADDRESS	1		4.3 STREET	T ADDRESS	_]	ı
CITY-ST-ZIP			4.4 CITY-ST	T-ZIP						
TITLE	`.	DELETE	5.1 TITLE				Change	e ∐ Ad	dition	ı
NAME			5.2 NAME							ĺ
STREET ADDRESS	1		5.3 STREET	TADDRESS					- [1

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP TITLE

CITY-ST-ZIP

NAME STREET ADDRESS

__ DELETE

Change

___ Addition