

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).

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

08-02-1999 90015 022 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000015753

1. Corporation Name

POLARIS TOURS, INC.

Principal Place of Business

~~7014 EDGEWORTH DR.
ORLANDO FL 32819~~

Mailing Address

~~7014 EDGEWORTH DR.
ORLANDO FL 32819~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1997

2. Principal Place of Business

21 **7130 S.O.B.T**

2a. Mailing Address

26 **7130 Santa Orange Blsion Trail**

4. FEI Number

59-3427997

Applied For

Not Applicable

Suite, Apt. #, etc.

#210

Suite, Apt. #, etc.

SUITE 210

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

ORLANDO

City & State

ORLANDO

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

32809

Country

ORANGE

Zip

32809

Country

ORANGE

8. This corporation owes the current year

Intangible Personal Property.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**RAGAZZO, VERONICA
7014 EDGEWORTH DR.
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name

[Signature]

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **RAGAZZO, VERONICA**
STREET ADDRESS **7014 EDGEWORTH DR.**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **D** ☐ DELETE

NAME **GUTIERREZ, GERARDO**
STREET ADDRESS **7014 EDGEWORTH DR.**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **P** ☐ DELETE

NAME **CATTANEO, IONE I**
STREET ADDRESS **4956 CASON COVE DR**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)