

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

**FILED**  
**Apr 06 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 # P97000022180 (8)**

1. Corporation Name  
**SWAN TRAVEL & TOURS, INC.**



Principal Place of Business 1200 CLINTMOORE ROAD STE 9 BOCA RATON FL 33487	Mailing Address 1200 CLINTMOORE ROAD STE 9 BOCA RATON FL 33487
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/01/1997**

2. Principal Place of Business 21 <b>2621 N. Federal Hwy</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 65-0737489	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 <b>Boca Raton, FL</b>	27 City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Zip <b>33431</b> 25 Country	29 Zip Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HORN, JACQUES</b> <b>1580 NW 2ND AVE. STE 1</b> <b>BOCA RATON FL 33432</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORN, JACQUES</b>	1.2 NAME	
STREET ADDRESS	<b>1200 CLINTMOORE ROAD STE 9</b>	1.3 STREET ADDRESS	<b>2621 N. FEDERAL HIGHWAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	1.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAY, PASCAL</b>	2.2 NAME	
STREET ADDRESS	<b>1200 CLINTMOORE ROAD STE 9</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELOLO, BESALEL</b>	3.2 NAME	
STREET ADDRESS	<b>1200 CLINTMOORE ROAD STE 9</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **X** *Jacques Horn* 3/21/98

CR2E034 (10/97)