## 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

## DOCUMENT # P9700049898

1. Corporation Name

EUROMUSIC TOURS, INC.

## **FILED** Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90046 041 \*\*\*150.00



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Principal Place	e of Business	Mailing Address						
103 2ND STREI		103 2ND STREET NW						
RUSKIN FL 335	570	RUSKIN FL 33570			DO NOT WRI	TE IN TUIC C	DACE	
					3. Date Incorporated or Qualifed	IE IN THIS S	FACE	
					06/05/1997			
		- Na Windstein			4 FEI Number	-	A	oplied For
	lace of Business	2a. Mailing Address		,			<u> </u>	<u> </u>
21	<u> </u>	26		=	59-3459089			ot Applicable
Suite, Apt.	#, etc				5. Certifcate of Status Desired			Additional equired
22	- 12 TA ADATE 1-12 A	27						
City & Stat	e	City & State			6. Election Campaign Financing	□ .	•	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre	_	_	□No
24	25		10		Personal Property Tax.		☐ Yes	LINO
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered A	gent	
CUIC	CON DAMON C		81	Name				
	SSON, DAMON C.		82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
	FORTUNE PLACE					_		
, APU	LLO BEACH FL 33572		83					
\$	•		04	City :			85 Zip	Code
				84 City FL		85  2.5	0000	
			1 1			, L	1 1	
11 Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	s, the above	-named corpo	oration submits this statement for the	purpose of ch	nanging its	registered
l office or t	edictored adopt or both in the State	of Florida. Such change was aut	horized by t	ne comoratio	oration submits this statement for the on's board of directors. I hereby accept	purpose of ch	nanging its ment as re	registered egistered
l office or t	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was aut	horized by t	ne comoratio	oration submits this statement for the on's board of directors. I hereby accept	purpose of ch	nanging its ment as re	registered egistered
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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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITI F

NAME

DELETE

Change

Addition