

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 21 1998 8:00am
Secretary of State

DOCUMENT # P97000052393 (0)

1. Corporation Name
AMTOUR VACATIONS, INC.



Principal Place of Business
819 SOUTH FEDERAL HIGHWAY
SUITE 103
STUART FL 34994

Mailing Address
819 SOUTH FEDERAL HIGHWAY
SUITE 103
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/13/1997

4. FEI Number
65-0761049

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business
21 819 S. FEDERAL HWY
Suite, Apt. #, etc.
22 103
City & State
23 STUART, FL
Zip
24 34994

2a. Mailing Address
26 819 S. FEDERAL HWY
Suite, Apt. #, etc.
27 #103
City & State
28 STUART, FL
Zip
29 34994

30 MARTIN

9. Name and Address of Current Registered Agent

SANGHRAJKA, MAHEN
819 SOUTH FEDERAL HIGHWAY
SUITE 103
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name
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

MAHEN SANGHRAJKA, PRES.

DATE 4/6/98

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MAHEN SANGHRAJKA
819 S. FEDERAL HWY #103
STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
PRESIDENT
MAHEN SANGHRAJKA
819 S. FEDERAL HWY
STUART, FL 34994

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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: MAHEN SANGHRAJKA President 4/6/98 561 781 1861

CR2E034 (10/97)