

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 29 1998 8:00am
Secretary of State

DOCUMENT # **P97000053092 (7)**
1. Corporation Name

TIX & TOURS, INC.



Principal Place of Business

**5814 CLEARVIEW DR
ORLANDO FL 32819**

Mailing Address

**5814 CLEARVIEW DR
ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1997

4. FEI Number

59-3455367

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 3700 LASSON CT.

2a. Mailing Address

26 3700 LASSON CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ORLANDO, FLORIDA

27

City & State

City & State

23 32835

28 ORLANDO, FLORIDA

Zip

Country

USA

Zip

32835

Country

USA

9. Name and Address of Current Registered Agent

**ALBANO, KIMBERLY R
5814 CLEARVIEW DR
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name

ALBANO, KIMBERLY R

82 Street Address (P.O. Box Number is Not Acceptable)

3700 LASSON CT.

83

84

City **ORLANDO, FL.**

FL

85

Zip Code

32835

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

7-21-98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ALBANO, KIMBERLY R**
STREET ADDRESS **5814 CLEARVIEW DR**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
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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 **ALBANO, Kimberly R**
1.3 STREET ADDRESS **3700 LASSON CT**
1.4 CITY-ST-ZIP **ORLANDO, FL. 32835**

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 **600002604488**
5.3 STREET ADDRESS **-07/31/98--01083--045**
5.4 CITY-ST-ZIP *****150.00**

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]**

7/21/98 (407) 293-9885

CR2E034 (5/98)

②

7-22-98

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS.

TO WHOM IT MAY CONCERN:

AS PER my discussion with Wendy at the Division of Corporations on 7-22-98, I am enclosing the original \$150⁰⁰ filing fee and my address correction. I never recieved the 1st notice due to your department having a previous address. I assure you that between myself and my accountant your department has recieved on numerous occasions in the last 10 months, the new address including on my most recent Intangible Property Tax Return for TIX3 TOURS, INC. Please make necessary changes and inform me with any additional information you might need.

Sincerely,