## 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

DOCUMENT # P97000063047 (9)

MAJESTIC MEXICO TOURS, INC.

Principal Place of Business

Mailing Address

## **FILED** May 06 1998 8:00am Secretary of State



784 NAVY ST. FT. WALTON BEACH FL 32547-2128		784 NAVY ST. FT. WALTON BEACH FL 32547-2128			
				DO NOT WRITE IN THIS SPACE	
				<ol> <li>Date Incorporated or Qualified 07/18/1997</li> </ol>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 315 Hollywood Blvd		26 P O Box 3038		59-3463764	Not Applicable
Suite, Apt. #, etc.		Suito, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Suite 4		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	Esther, Fl	28 <u>Ft Walto</u>	n Beach, F1		Added to Fees
Zip	Country		<b>├</b> ¬ ′	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current year Intangible  Yes  No
24 32569	25 Okaloosa  9. Name and Address of Curren	29 32547	30 Okaloosa	10. Name and Address of New Registers	
KRO	OLL, ROBERT M	,	81 Name		
	NAVY ST.	82 Street Add		ddress (P.O. Box Number is Not Acceptable)	
	WALTON BEACH FL 32547-212				
		•	83	-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,	
			24 00	W In tent of warrant and a	lest via de de
			84 City	F	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the above-named o	orporation submits this statement for the purpose oration's board of directors. I hereby accept the a	of changing its registered
office or re	egistered agent, or both, in the State	of Florida. Such change wa ations of, Section 607,0505.	is authorized by the corpo Florida Statutes	oration's board of directors. I hereby accept the a	appointment as registered
SIGNATURE	100 Amelia	// Robert M		4/27/98	
	Signature, typed or printed name of registered ago	int and title if applicable (N	IOTE Registered Agent signature re	equired when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE		DELETE	1.1 TITLE	P	Change XX Addition
NAME			1.2 NAME	Ronald C. Kroll	
STREET ADDRESS	•		1.3 STREET ADDRESS	315 Hollywood Blvd	
CITY-ST-ZIP		Decision	1.4 CITY-ST-ZIP	Mary Esther, F1 325	
TITLE		☐ DELETE	2.1 TITLE	S/T	Change Addition
NAME		•	2.2 NAME	Robert M. Kroll	
STREET ADDRESS			2.3 STREET ADDRESS	784 Navy St	
CITY-ST-ZIP TITLE		DELETE	2 4 CITY-ST-ZIP 31 THUE	Ft. Walton Beach, F	1 32547 Change Addition
NAME			3.2 NAME		C cumbo C results
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		_	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	_		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	1		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 empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.