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FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90028 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000064483

1. Corporation Name
MEDICALLY ESCORTED CRUISES & TOURS, INC.



Principal Place of Business 915 EAST CYPRESS CREEK RD. FORT LAUDERDALE FL 33334 US	Mailing Address 915 EAST CYPRESS CREEK RD. FORT LAUDERDALE FL 33334 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/25/1997

21. Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address Suite, Apt. #, etc. 26 City & State 27 Zip Country 28	29	30
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4. FEI Number
65-0769757

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
GICHON, GADI
915 EAST CYPRESS CREEK RD.
FT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GICHON, GADI	
STREET ADDRESS	138 NURMI DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	V.P.	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	915 EAST CYPRESS CREEK RD.
1.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33334
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NORMAN H. LISA BEEH
2.3 STREET ADDRESS	915 E. CYPRESS CREEK RD.
2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHEVA ALTELMAN
3.3 STREET ADDRESS	915 E. CYPRESS CREEK ROAD
3.4 CITY-ST-ZIP	FORT LAUD. FL 33334
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: **GADI GICHON** SIGNATURE REQUIRED **4-13-99 954-491-2223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034(11/98)