

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

PROFIT
CORPORATION
ANNUAL REPORT

1999 AMENDED



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

DOCUMENT # P97000074833

1. Corporation Name

ACCESS TOUR & TRANSPORTATION INC

Principal Place of Business

421 SATSUMA LANE
ORLANDO FL 32835

Mailing Address

421 SATSUMA LANE
ORLANDO FL 32835

FILED

99 NOV 29 PM 3:34

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 7021 GRAND NATIONAL DR.	26 7021 GRAND NATIONAL DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 109	27 SUITE 109
City & State	City & State
23 ORLANDO, FL	28 ORLANDO, FL
Zip	Zip
24 32819	29 32819
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified

08/27/1997

4. FEI Number

59-3463653

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

BERRYANE, RACHID
421 SATSUMA LANE
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name	RACHID BERRYANE
82 Street Address (P.O. Box Number is Not Acceptable)	7021 GRAND NATIONAL DR.
83	SUITE 109
84 City	ORLANDO, FL
85 Zip Code	32819

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

(Print or type name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12 OFFICERS AND DIRECTORS		13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	TAZI, MOHAMED	1.2 NAME	YOUNES ELKHANDER
STREET ADDRESS	421 SATSUMA LANE	1.3 STREET ADDRESS	3275 SMOKE SIGNAL CTR.
CITY-STATE-ZIP	ORLANDO FL 32835	1.4 CITY-STATE-ZIP	KISSIMEE, FL 34746
TITLE	V	2.1 TITLE	VP
NAME	ELKHANDER, YOUNESS	2.2 NAME	RACHID BERRYANE
STREET ADDRESS	421 SATSUMA LANE	2.3 STREET ADDRESS	7021 GRAND NATIONAL DR. SUITE 109
CITY-STATE-ZIP	ORLANDO FL 32835	2.4 CITY-STATE-ZIP	ORLANDO, FL 32819
TITLE	ST	3.1 TITLE	S/T
NAME	BERRYANE, RACHID	3.2 NAME	ABDELMALEK BENALI
STREET ADDRESS	421 SATSUMA LANE	3.3 STREET ADDRESS	6424 HIDDEN DALE AVE.
CITY-STATE-ZIP	ORLANDO FL 32835	3.4 CITY-STATE-ZIP	ORLANDO, FL 32819
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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.

Robert Z. Brown

10-2599