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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000089538

Corporation Name

| INTERNA  | ational green tour, inc   | Ç.   |   |   |                                       |                                     |
|--|---|--|---|---|---------------------------------------|-------------------------------------|
| Principal Place  | of Business   | Mailing Address  |   | T FORLYOUR JIM IDILY (ABY) ABUIT ABITT BATT BA  | B   B   B   B                         | reiði rækt fæði                     |
| 4317 BAY BROOK DR. KISSIMMEE FL 34746  4317 BAY BROOK DR. KISSIMMEE FL 34746   |   |  |   | DO NOT WRITE IN TH  | IS SPACE                              |                                     |
|  |   |  |   | 3. Date Incorporated or Qualifed  | ···                                   |                                     |
|  |   |  | <del></del>   | 10/17/1997  |                                       | lied For                            |
| 2. Principal Pl  | ace of Business   | 2a. Mailing Address  |   | 4. FEI Number   | <u> </u>                              | Applicable                          |
| 21   |   | Suite, Apt. #, etc.  |   | 59-3498896  | \$8.75 A                              |                                     |
| Suite, Apt. :  | #, etc.   | 27   |   | 5. Certifcate of Status Desired   | Fee Rec                               | quired                              |
| City & State   | <del></del>   | City & State   |   | 6. Election Campaign Financing  | \$5.00                                | May Be                              |
| 23   | · · <del>بخوید</del> روزی ایر سیمت میشود. نام   | 28 =   | <u>.                                </u>  | Trust Fund Contribution   | Added to                              | Fees                                |
| Zip  | Country   | Zip  | Country   | 8. This corporation owes the current year I   | Intangible                            | <b>Ž</b> No                         |
| 24   | 25  | 29 3   | 0   | Personal Property Tax.  10. Name and Address of New Registere                                     |                                       | ZNINO                               |
|  | 9. Name and Address of Curren   | t Registered Agent   | 81 Name   | 10. Name and Address of New Registere   | u Agent                               |                                     |
| BRI JI   | MER, BARRY N  |  |   |   |                                       |                                     |
| 5728 MAJOR BLVD., STE. 211   |   |  | 82 Street Add   | ress (P.O. Box Number is Not Acceptable)  |                                       |                                     |
|  | ANDO FL 32819   |  | 83  |   |                                       |                                     |
| 0110   | 110012 02010  |  | 03  |   |                                       |                                     |
|  |   |  | 84 City   | F   |                                       |                                     |
| office or re   | to the provisions of Sections 607.050:<br>egistered agent, or both, in the State<br>m familiar with, and accept the obligat | of Florida. Such change was aut  | norizea dy the corborati  | poration submits this statement for the purpose ion's board of directors. I hereby accept the app | of changing its i<br>pointment as reg | registered                          |
| 0.00.47.105  |   |  |   |   |                                       |                                     |
| SIGNATURE  | Signature, typed or printed name of registered agen   |  | tegistered Agent signature require  |   | . <u> </u>                            |                                     |
| SIGNATURE  |   | nt and title if applicable. (NOTE: R   | tegistered Agent signature requin   | ed when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS.  |                                       |                                     |
|  | OFFICERS AN   | nt and title if applicable. (NOTE: R   |   | 3)  | AND DIRECTO                           | RS IN 12                            |
| 12.  | P<br>VILLELA, LUCIA   | nt and title if applicable. (NOTE: R   | 13.   | 3)  |                                       |                                     |
| 12.<br>TITLE   | P<br>VILLELA, LUCIA<br>4317 BAY BROOK DR.   | nt and title if applicable. (NOTE: R   | 13.<br>1.1 TITLE  | 3)  |                                       |                                     |
| 12.<br>TITLE<br>NAME   | P<br>VILLELA, LUCIA   | nt and title if applicable. (NOTE: R D DIRECTORS DELETE                          | 13.<br>1.1 TITLE<br>1.2 NAME  | 3)  | ☐ Change                              | Addition                            |
| 12. TITLE NAME STREET ADDRESS  | P<br>VILLELA, LUCIA<br>4317 BAY BROOK DR.<br>KISSIMMEE FL 34746<br>V  | nt and title if applicable. (NOTE: R   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS   | 3)  |                                       |                                     |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P VILLELA, LUCIA 4317 BAY BROOK DR. KISSIMMEE FL 34746 V VILLELA, MARCIA  | nt and title if applicable. (NOTE: R D DIRECTORS DELETE                          | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP   | 3)  | ☐ Change                              | Addition                            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | P VILLELA, LUCIA 4317 BAY BROOK DR. KISSIMMEE FL 34746 V VILLELA, MARCIA 4317 BAY BROOK DR.                                 | nt and title if applicable. (NOTE: R D DIRECTORS DELETE                          | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE   | 3)  | ☐ Change                              | Addition                            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P VILLELA, LUCIA 4317 BAY BROOK DR. KISSIMMEE FL 34746 V VILLELA, MARCIA  | nt and title if applicable. (NOTE: R   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP   | 3)  | ☐ Change                              | Addition                            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | P VILLELA, LUCIA 4317 BAY BROOK DR. KISSIMMEE FL 34746 V VILLELA, MARCIA 4317 BAY BROOK DR.                                 | nt and title if applicable. (NOTE: R D DIRECTORS DELETE                          | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE   | 3)  | ☐ Change                              | Addition                            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P VILLELA, LUCIA 4317 BAY BROOK DR. KISSIMMEE FL 34746 V VILLELA, MARCIA 4317 BAY BROOK DR.                                 | nt and title if applicable. (NOTE: R   | 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME   | 3)  | ☐ Change                              | Addition                            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | P VILLELA, LUCIA 4317 BAY BROOK DR. KISSIMMEE FL 34746 V VILLELA, MARCIA 4317 BAY BROOK DR.                                 | nt and title if applicable. (NOTE: R   | 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRESS  | 3)  | ☐ Change                              | Addition                            |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P VILLELA, LUCIA 4317 BAY BROOK DR. KISSIMMEE FL 34746 V VILLELA, MARCIA 4317 BAY BROOK DR.                                 | It and title if applicable. (NOTE: RID DIRECTORS  DELETE  DELETE  DELETE         | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP   | 3)  | ☐ Change                              | Addition Addition                   |
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| 12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   | P VILLELA, LUCIA 4317 BAY BROOK DR. KISSIMMEE FL 34746 V VILLELA, MARCIA 4317 BAY BROOK DR.                                 | It and title if applicable. (NOTE: RID DIRECTORS  DELETE  DELETE  DELETE         | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS   | 3)  | ☐ Change                              | Addition Addition                   |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99

Daytime Phone #

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90028 003 \*\*\*150.00

CR2E034 (11/98)