PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000100229**1. Corporation Name

May 10, 1999 8:00 am Secretary of State

05-10-1999 90134 040 ***150.00

	ON TOUR SERVICES, INC.				
				1 1981/1881 (18 18/16 1887) 88/1/ 88/1/ 88/1/	!!! !!! !!! !! !!! !! !!! !!!!! !!!!
Principal Place	e of Business	Mailing Address		A 1881/1881 158 18111 18811 Bater antit Dater tea	
806-A NW 13TH	H AVENUE	806-A NW 13TH AVENUE			
DANIA FL 3300		DANIA FL 33004		DO NOT INDITE OF THE	10 0D4 0E
				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed 11/21/1997	
a Dringing D	Place of Business	2a. Mailing Address		1 1/2 1/ 1957 4. FEI Number	Applied For
2. Principal P	1 5. Ocean Drive		cean Driv		Not Applicable
21 380 Suite, Apt.		Suite, Apt. #, etc.	Cedit Exit		\$8.75 Additional
	ite 4×	5UITE 4	×	5. Certificate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 HOL	<u> </u>	28 HOLLY WO		Trust Fund Contribution	Added to Fees
al Zip 3ろ	019 25 USA	29 33019 30	Country	8. This corporation owes the current year	Intangible ☐ Yes ☐ No
24 3 3			USA	Personal Property Tax. 10. Name and Address of New Registers	
	9. Name and Address of Current	vealstara waalit	81 Name		
MILL	ER, MICHELLE S		N	MICHELLE MARCHAND)
	NW 62ND ST			Address (P.O. Box Number is Not Acceptable)	e Suite 4x
	LAUDERDALE FL 33309		83	1 S. Ocean Pitt	0 00.10 170
			1	HOLLYWOOD 1	
			84 City	HOLLYWOOD F	L 85 Zip Code 333019
44 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named of	corporation submits this statement for the purpose	of changing its registered
office or r	registered agent, or both, in the State o	if Florida. Such change was auth	norized by the corpo	ration's board of directors. I hereby accept the app	pointment as registered
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature re	guired when (einstating) DATE	
				dough thigh toursearily	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	OFFICERS AND			ADDITIONS/CHANGES TO OFFICERS	TOUR DANGE
		DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	TOUR DANGE
TITLE	D MILLER, MICHELLE	DIRECTORS	13. 1.1 TITLE	MICHELLE MARCHAND 3801 S. Ocean Drive	Suite 4x
TITLE NAME	D MILLER, MICHELLE	DIRECTORS	13. 1.1 TITLE 1.2 NAME	MICHELLE MARCHAND 3801 S. Ocean Drive	Suite 4x
TITLE NAME STREET ADDRESS	D MILLER, MICHELLE 806-A NW 13TH AVENUE	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	Suite 4x
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, MICHELLE 806-A NW 13TH AVENUE	D DIRECTORS ☐ DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	MICHELLE MARCHAND 3801 S. Ocean Drive	Suite 4x
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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: