

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90012 006 ***550.00

DOCUMENT # P98000021382 ✓

1. Corporation Name

NEW FLORIDA HOLIDAYS TOUR, INC.

Principal Place of Business

3501 W. VINE STREET
KISSIMMEE, FL 34741

Mailing Address

3501 W. VINE STREET
KISSIMMEE, FL 34741



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03-15-98

4. FEI Number

59-3495557

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

2. Principal Place of Business

21 222 CHURCH STREET
Suite, Apt. #, etc.

2a. Mailing Address

26 222 CHURCH STREET
Suite, Apt. #, etc.

22 SUITE 201

27 SUITE 201

City & State

23 Kissimmee, FL

City & State

28 Kissimmee, FL

Zip

24 34741 25 U.S.A.

Zip

29 34741 30 U.S.A.

9. Name and Address of Current Registered Agent

LAI, CHU-FEN
3501 W. VINE STREET, #262
KISSIMMEE, FL 34741

10. Name and Address of New Registered Agent

81 Name

LAI, CHU-FEN

82 Street Address (P.O. Box Number is Not Acceptable)

222 CHURCH STREET, #201

83

84 City

KISSIMMEE

FL

85 Zip Code
34741

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

CHU-FEN LAI, PRESIDENT

5-7-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P. LAI, CHU-FEN. ☒ DELETE

NAME LAI, CHU-FEN.
STREET ADDRESS 3501 W. VINE STREET
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE S. LAI, PO-HUNG ☒ DELETE

NAME S. LAI, PO-HUNG
STREET ADDRESS 3501 W. VINE STREET
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE V. CHAIEN MICHELLE ☒ DELETE

NAME V. CHAIEN MICHELLE
STREET ADDRESS 3501 W. VINE STREET
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P. LAI, CHU-FEN. ☒ Change ☐ Addition

1.2 NAME LAI, CHU-FEN.
1.3 STREET ADDRESS 222 CHURCH STREET, #201
1.4 CITY-ST-ZIP KISSIMMEE, FL 34741

2.1 TITLE S. LAI, PO-HUNG ☒ Change ☐ Addition

2.2 NAME S. LAI, PO-HUNG
2.3 STREET ADDRESS 222 CHURCH STREET, #201
2.4 CITY-ST-ZIP KISSIMMEE, FL 34741

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: CHU-FEN LAI, PRESIDENT

5-7-99

407-518-1689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)