FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S21623** **(1)**

1. Corporation Name

ALLIED TOURS FLORIDA, INC.

Principal Place of Business

1201 GEORGE BUSH BLVD.
DELRAY BEACH FL 33483
US

Mailing Address

1201 GEORGE BUSH BLVD.
DELRAY BEACH FL 33483
US

3. Date Incorporated or Qualified: **12/24/1990**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1935703**

☐ 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 has/had liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 County

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

9. Name and Address of Current Registered Agent

BALLERANO, JAMES A., JR.
1201 GEORGE BUSH BLVD
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 607.0502 or 617.1502, 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. Subsequent to the change(s) listed above, the corporation's business office(s) will be identical to its registered office. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	FISHER, STANLEY	
STREET ADDRESS	165 W 46TH ST #900	
CITY-ST-ZIP	NEW YORK NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

41 TITLE	☐ Change	☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
45 TITLE	☐ Change	☐ Addition
46 NAME		
47 STREET ADDRESS		
48 CITY-ST-ZIP		
49 TITLE	☐ Change	☐ Addition
50 NAME		
51 STREET ADDRESS		
52 CITY-ST-ZIP		
53 TITLE	☐ Change	☐ Addition
54 NAME		
55 STREET ADDRESS		
56 CITY-ST-ZIP		
57 TITLE	☐ Change	☐ Addition
58 NAME		
59 STREET ADDRESS		
60 CITY-ST-ZIP		
61 TITLE	☐ Change	☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing, and any attachment, is true and accurate and that this entity complies with the qualifications set forth in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an asterisk (*) or on an attached sheet with an asterisk.

SIGNATURE: Stanley Fisher - STANLEY FISHER - 1/15/96 NY 865-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)