SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -5 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # S92139 (2)

1. Corporation Name
SPECIALTY TOURS OF ORLANDO, INC.

Principal Place of Business	Mailing Address
13323 LAKE BRYAN ROAD ORLANDO FL 32821 US	13323 LAKE BRYAN ROAD ORLANDO FL 32821 US

3. Date Incorporated or Qualified: 11/05/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3092496 — 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business: 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

BENJAMIN, ANDREA
9627 BAY VISTA ESTATES BLVD.
ORLANDO FL 32819

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 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 ___ DATE ___

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENJAMIN, DAVID
STREET ADDRESS	9627 BAY VISTA ESTATES BLVD.
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	D
NAME	BENJAMIN, ANDREA
STREET ADDRESS	9627 BAY VISTA ESTATES BLVD.
CITY-ST-ZIP	ORLANDO FL 32819

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition) — blank

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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.

SIGNATURE: Andrea Benjamin   6/28/95   407 239-6959

CR2E034 (3/95)

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