

**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. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JUL -5 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

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. Have corporation's officers been fingerprinted under 100.025,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

24. Country

28. Zip

30. Country

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. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, this 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

(Agent or Agent-in-Charge, if registered agent and the President or

Secretary, if registered agent and not president or secretary)

(Date)

12. OFFICERS AND DIRECTORS

12.1 NAME
D BENJAMIN, DAVID
12.2 STREET ADDRESS
9627 BAY VISTA ESTATES BLVD.
12.3 CITY & STATE
ORLANDO FL 32819

12.4 NAME
D BENJAMIN, ANDREA
12.5 STREET ADDRESS
9627 BAY VISTA ESTATES BLVD.
12.6 CITY & STATE
ORLANDO FL 32819

12.7 NAME

12.8 NAME

12.9 STREET ADDRESS

12.10 CITY & STATE

12.11 NAME

12.12 NAME

12.13 STREET ADDRESS

12.14 CITY & STATE

12.15 NAME

12.16 NAME

12.17 STREET ADDRESS

12.18 CITY & STATE

12.19 NAME

12.20 NAME

12.21 STREET ADDRESS

12.22 CITY & STATE

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY & STATE

13.5 NAME

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY & STATE

13.9 NAME

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY & STATE

13.13 NAME

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY & STATE

13.17 NAME

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY & STATE

13.21 NAME

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY & STATE

14. I 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)(b), Florida Statutes. I have verified that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature that is on this report has the same legal effect as if my name were that of an officer or director of the corporation or the president or trustee empowered to execute this report as required by Chapter 119, Florida Statutes, and that my name appears in Block 12 or 13 of this report if changed, or on an attachment with an address.

SIGNATURE:

Andrea Benjamin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/95 407 239-6939

CR2E034 (3/95)