

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V22029** (5)

1. Corporation Name

FLORIDA SUNSHINE TRAVEL AND TOURS, INC.

Principal Place of Business

16701 COLLINS AVENUE
G/F
N. MIAMI FL 33160
US

Mailing Address

16701 COLLINS AVENUE
G/F
N. MIAMI FL 33160
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1992

3a. Date of Last Report

07/20/1994

4. FEI Number

65-0319199

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

COX, MAGGIE
16701 COLLINS AVENUE
G/F
N. MIAMI FL 33160

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 607.04(2) 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

(Signature of Registered Agent or Corporation Officer or Director)

(Signature of Registered Agent or Corporation Officer or Director)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME	P COX, MAGGIE
2. STREET ADDRESS	16701 COLLINS AVENUE
3. CITY, ST, ZIP	N. MIAMI FL
4. NAME	
5. STREET ADDRESS	
6. CITY, ST, ZIP	
7. NAME	
8. STREET ADDRESS	
9. CITY, ST, ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, ST, ZIP	
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	

1. NAME		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. NAME		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. NAME		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. NAME		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. NAME		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I, the undersigned, certify that the information included with this filing is voluntarily furnished and does not equally for the corporation stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information included 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 registered agent or registered agent-in-waiting for the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change, or in an addition, with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAGGIE COX

4/28/95

305
949 5619