

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V34612 (4)
1. Corporation Name
GOLD TOURS, INC.



Principal Place of Business
520 S PENINSULA AVENUE
SUITE 311
NEW SMYRNA BEACH FL 32170
US

Mailing Address
P.O. BOX 2233
SUITE 311
NEW SMYRNA BEACH FL 32170
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4630 S. KIRKMAN RD
Suite, Apt. #, etc.
22 Suite 347
City & State
23 ORLANDO, FL.
Zip
24 32819
Country
25

2a. Mailing Address
26 5844 WINDHOVER DR
Suite, Apt. #, etc.
27
City & State
28 ORLANDO, FL.
Zip
29 32819
Country
30

3. Date Incorporated or Qualified
05/05/1992

4. FEI Number
59-3124342
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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RAMOS, DAISY M
520 S PENINSULA AVENUE
SUITE 310
NEW SMYRNA BEACH FL 32170

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4630 S. KIRKMAN RD
83 Suite 347
84 City ORLANDO, FL 85 Zip Code 32816

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D RAMOS, DAISY M.	520 S PENINSULA AVENUE	NEW SMYRNA BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
		4630 S. KIRKMAN RD	Suite 347	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		ORLANDO, FL.	32816	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

CR2E034 (10/97)

1-28-98