

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90068 003 ***150.00

DOCUMENT # **V35314**

1. Corporation Name

CROWN FLORIDA TOURS, INC.

Principal Place of Business

7061 GRAND NATIONAL DR
STE 119
ORLANDO FL 32819
US

Mailing Address

7061 GRAND NATIONAL DR
STE 119
ORLANDO FL 32819
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1992

4. FEI Number

59-3123796

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **7061 GRAND NATIONAL DR**

Suite, Apt. #, etc.

22 **SUITE# 119**

City & State

23 **ORLANDO, FL 32819**

Zip

24 **32819**

Country

25 **USA**

2a. Mailing Address

26 **7061 GRAND NATIONAL DR**

Suite, Apt. #, etc.

27 **SUITE# 119**

City & State

28 **ORLANDO, FL 32819**

Zip

29 **32819**

Country

30 **USA**

9. Name and Address of Current Registered Agent

GARCIA, JOSE CARLOS
7061 GRAND NAT'L DR
STE 119
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name

GARCIA JOSE CARLOS

82 Street Address (P.O. Box Number is Not Acceptable)

7061 GRAND NATIONAL DR

83

SUITE# 119

84 City

ORLANDO

85 Zip Code

FL 32819

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

Luz E. Marin

JAN 21, 1999

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 ☐ DELETE

NAME **P**
GARCIA, JOSE CARLOS
STREET ADDRESS **7061 GRAND NAT'L DR, STE 119**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **M**
MARIN, LUZ ENITH
STREET ADDRESS **5655 OAK HILL MANOR DR**
CITY-ST-ZIP **ORLANDO FL**

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

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Luz E. Marin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JAN 21/99 351-5588

Daytime Phone # (407)

CR2E034 (1/198)

0086715