

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V49079**

(9)

1. Corporation Name

ELENA TOURIST SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 3:50

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**6900 S ORANGE BLOSSOM TR
STE 434
ORLANDO FL 32809
US**

Mailing Address
**6900 S ORANGE BLOSSOM TRAIL
STE. 434
ORLANDO FL 32809
US**

3. Date Incorporated or Qualified
07/09/1992

3a. Date of Last Report
03/15/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-3136038

Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired
☐ **\$8.75 Additional Fee Required**

City & State
23

City & State
28

6. Election Campaign Financing
Trust Fund Contribution
☐ **\$5.00 May Be Added to Fees**

Zip
24

Country
29

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes
☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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

Signature (Typed or printed name of registered agent and the corporation)

NOTE: Registered Agent signature required when re-statutes

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
STEVENS, BOB
GROUNDSTAR HSE LONDON RD
CRAWLEY RH

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
DAVIES, PETER
GROUNDSTAR HSE LONDON RD
CRAWLEY RH

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

S
THOMAS, GODWIN
910 BROKEN LANCE DR PINEMARK #3
BRECKENRIDGE CO

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

P
ROGERS, ADAM
6900 S ORANGE BLOSSOM TRAIL, STE. 434
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

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(3)(b), Florida Statutes). I further certify that the information indicated on the 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 person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adam Rogers

1/9/95

(407) 851 0243