

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V49079** (9)

1. Corporation Name

**ELENA TOURIST SERVICES, INC.**



Principal Place of Business

Mailing Address

6900 S ORANGE BLOSSOM TR  
STE 434  
ORLANDO FL 32809  
US

6900 S ORANGE BLOSSOM TRAIL  
STE 434  
ORLANDO FL 32809  
US

3. Date Incorporated or Qualified

07/09/1992

3a. Date of Last Report

01/18/1995

4. FEI Number

59-3136038

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME D STEVENS, BOB  
STREET ADDRESS GROUNDSTAR HSE LONDON RD  
CITY-ST-ZIP CRAWLEY RH

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

D ANTHONY THOMAS COLEMAN  
FIRST CHOICE HOUSE, LONDON ROAD  
CRAWLEY, W. SUSSEX ENGLAND. ☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME D DAVIES, PETER  
STREET ADDRESS GROUNDSTAR HSE LONDON RD  
CITY-ST-ZIP CRAWLEY RH

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE  
NAME S THOMAS, GODWIN  
STREET ADDRESS 910 BROKEN LANCE DR PINEMARK #3  
CITY-ST-ZIP BRECKENRIDGE CO

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

S ELIZABETH S DICKSON  
FIRST CHOICE HOUSE, LONDON RD  
CRAWLEY, W. SUSSEX, ENGLAND. ☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME P ROGERS, ADAM  
STREET ADDRESS 6900 S ORANGE BLOSSOM TRAIL, STE. 434  
CITY-ST-ZIP ORLANDO FL

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 617, 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

Date

Day/Mo/Year

CR2E034 (3/96)