

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

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

6800 S ORANGE BLOSSOM TR
STE 434
ORLANDO FL 32809
US

Mailing Address

6900 S ORANGE BLOSSOM TRAIL
STE. 434
ORLANDO FL 32809-5734
US



3. Date Incorporated or Qualified
07/09/1992

3a. Date of Last Report
06/12/1996

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

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	ANTHONY THOMAS COLEMAN	FIRST CHOICE HOUSE, LONDON ROAD	CRAWLETT W.	<input type="checkbox"/>
D	DAVIES, PETER	GROUNDSTAR HSE LONDON RD	CRAWLEY RH	<input checked="" type="checkbox"/>
S	ELIZABETH J. DICKSON	FIRST CHOICE HOUSE, LONDON ROAD	CRAWLEY W.	<input type="checkbox"/>
P	ROGERS, ADAM	6900 S ORANGE BLOSSOM TRAIL, STE. 434	ORLANDO FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
D	ANTHONY THOMAS COLEMAN	FIRST CHOICE HOUSE, LONDON ROAD	CRAWLEY U.K.	<input type="checkbox"/>	<input type="checkbox"/>
P	ELIZABETH J. DICKSON	6900 S ORANGE BLOSSOM TRAIL STE 434	ORLANDO FL	<input checked="" 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"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth J. Dickson (407) 851 1534
522 1878.
01/08/97
Daytime Phone #

CR2E034 (9/96)