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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90032 005 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P970000084619

V56437

1. Corporation Name

~~SHANNON TOURS, INC.~~

EASY TRAVEL INTERNATIONAL, INC.



Principal Place of Business

~~9200 SOUTH DADELAND BLVD., PH SUITE 825~~
~~MIAMI FL 33166~~

Mailing Address

~~9200 SOUTH DADELAND BLVD., PH SUITE 825~~
~~MIAMI FL 33156~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1997

4. FEI Number

65-0750241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

540 Biltmore Way

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Gables, Fla.

City & State

Same

Zip Country **Dade**

33134 **30**

9. Name and Address of Current Registered Agent

O'LEARY, G. DAVID

~~9200 SOUTH DADELAND BLVD., PH SUITE 825~~
~~MIAMI FL 33156~~

10. Name and Address of New Registered Agent

81 Name

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

540 Biltmore Way

84 City

Coral Gables

FL

85 Zip Code

33134

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)

4/29/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE

NAME **BURKE, ROBERT M. III**

STREET ADDRESS **9200 SOUTH DADELAND BLVD., PH SUITE 825**

CITY-ST-ZIP **MIAMI FL 33156**

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

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 **PSTD**

1.3 STREET ADDRESS **Burke, Robert M. III**

1.4 CITY-ST-ZIP **540 Biltmore Way**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **Coral Gables, Fla. 33134**

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:

Robert M. Burke III

4/29/99 (305) 774 1541