Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90300 044 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V56472

1. Corporation Name

ALPINE DISCOVERIES TOUR COMPANY

| Principal Flace of Business Mailing Address | | | | | | i im dit Attaot attil greet aldet taora teb | | |
|---|--|---|-------------------------|--|-------------|--|-------------------|------------|
| 2999 FIRST STREET, SOUTH 2999 FIRST STREET, SOUTH | | | | | | ļ | | |
| JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 322 | | | | 250 | | DO NOT WRITE IN | THIS SPACE | |
| | | | | | | Date I corporated or Qualifed | THIS STACE | |
| | | | | | | 08/10/1992 | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | Ap | plied For |
| 21 | | 26 | | | | 59-3137451 | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | \$8.75 | Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired | Fee Re | quired |
| City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country Zip Co | | | Country 8. This corporation owes the current year Intangible | | | | |
| 24 | 25 | 29 | 30 | | | Persor al Property Tax. | ✓ Yes | ⊒No |
| | 9. Name and Address of Curre | ent Registered Agent | | | | 10. Name and Address of New Regis | tered Agent | |
| | | | | 81 | Name | | | 1 |
| AHERN, FRED L., JR. | | | | B2 | Street Ac | dress (P.O. Box Number is Not Acceptable) | | |
| 2215 S. THIRD ST., | | | | _ | 011000770 | | | |
| SUITE 101 | | | | 83 | | | | |
| JACKSONVILLE BEACH FL 32250 | | | - | | | | es Zin (| Code |
| | | |]3 | 84 | City | | FL 85 Zip C | 2,00e |
| office or r | to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig Signature, trood or printed har he of registered as | e of Florida. Such change was aut pations of, Section 607,0505, Florid | thorized t da Statut | by I | the corpora | rporation submits this statement for the purporation's board of cirectors. I hereby accept the | appointment as re | gistered |
| 12. | OFFICERS A | NE DIRECTORS | 13. | _ | | ADDITIC'NS/CHANGES TO OFFICE | RS AND DIRECTO | FS IN 12 |
| TITLE | VPT | ☐ DELETE | 1.1 TITLE | | | | Change | ☐ Addition |
| NAME | VOLKL, SANDY J. | | 1.2 NAME | | | | | 1 |
| STREET ADDRESS | 2999 FIRST ST., SO. | | 13STRE | | ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE BCH. FL | | 1.4 CITY- | | :-ZIP | | | |
| τιτιΕ | PC | ☐ DELETE | 2.1 TITLE | | | | Change | ☐ Addition |
| NAME | volkl, norbert K. | | 22 NAME | | | | | |
| STREET ADDRESS | 2999 FIRST ST., SO. | | 2.3 STREE | | ADDRESS | | | { |
| CITY-ST-ZIP | JACKSONVILLE BCH. FL | | 2, 4 CITY- | | T-ZIP | | | } |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | | Change | ☐ Addition |
| NAME | | | 3.2 NAME | | Ì | | | j |
| STREET ADDRESS | | | 3.3 STREET | | ADDRESS | | | 1 |
| CITY-ST-ZIP | | | 3.4. CITY-S1 | | | | | _ |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | Change | Addition |
| NAME | | | 4, 2 NAA | 4. 2 NAME | | | | } |
| STREET ADDRES | | | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | | ļ |
| TITLE | | | 5.1 TITL | _ | = | | Change | Addition |

14. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further ce tify that the information indicates 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 uncer 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 attache ent with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORBERT VOUCL

(404/247-0378

Change

☐ Addition