

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**

**APPROVED
AND
FILED**

95 APR 18 PM 7:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 578702 (3)

**1. Corporation Name
SUNBURST TRAVEL, INC.**

**Principal Place of Business Mailing Address
2525 NORTH HIATUS ROAD 2525 NORTH HIATUS ROAD
COOPER CITY FL 33026 COOPER CITY FL 33026**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/10/1978 3a. Date of Last Report 04/20/1994

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

4. FEI Number 59-1843031 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEWIRTZ, NORMAN
11135 NEPTUNE DRIVE
COOPER CTY FL 33026**

**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 furnishing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME GEWIRTZ, NORMAN
STREET ADDRESS 11135 NEPTUNE DRIVE
CITY - ST - ZIP COOPER CTY FL**

**TITLE DVS
NAME GEWIRTZ, SYLVIA
STREET ADDRESS 11135 NEPTUNE DRIVE
CITY - ST - ZIP COOPER CTY FL**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

**1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**

**2.1 TITLE Change Addition
2.2 NAME
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 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 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

SYLVIA GEWIRTZ

4/13/95

305-431-7771