

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10: 33

DOCUMENT # 587156 (1)

1. Corporation Name

HAPPY HOLIDAY TRAVEL, INC.

Principal Place of Business

2550 NE 15 AVENUE
WILTON MANORS FL 33305

Mailing Address

2550 NE 15 AVENUE
WILTON MANORS FL 33305

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/21/1978

3a. Date of Last Report

04/07/1994

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

4. FEI Number

59-2038965

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

BOSTWICK, HAZELYN A.
2550 NE 15 AVENUE
WILTON MANORS, FL
33305

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PSD
BOSTWICK, HAZELYN A.
3912 NW 36 WAY
FT LAUDERDALE, FL 00000

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TD
ABRAMS, MARILYN A.
3912 NW 36 WAY
FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SD
SOBERS, SHERILYN B
4381 NW 79TH TERR
CORAL SPGS FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DVP
GIDDINGS, GREGORY
3912 NW 36 WAY
FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

D
ABRAMS, KIMLITA
5808 NW 57TH AVE.
FT. LAUDERDALE FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☒ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Hazelyn A. Bostwick HAZELYN A. Bostwick 30 NW 95 305 561-5602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR