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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

630987 DOCUMENT #

(6)

SARASOTA TRAVEL CORP.

| Principal Place of Business | | | | | | |
|-----------------------------|--|---------|--|--|--|--|
| | | GE AVE. | | | | |

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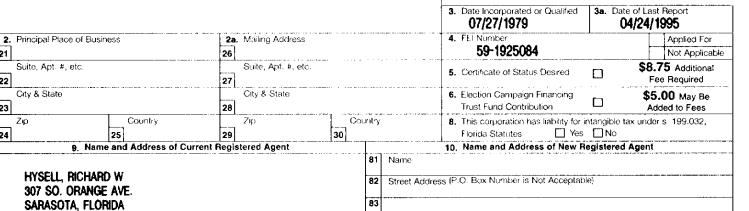
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34236-3803

Mailing Address

307 SO, ORANGE AVE. SARASOTA FL 34236-3803



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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

| tamiliar with | i, and accept the obligations of, Section 60 | 7.0505, Florida Statutes. | | 4/12/96 |
|-----------------|--|---------------------------|-------------------------------------|--|
| SIGNATURE _ | Signature, typed of prosectionse of Justice Lagran and the | 80.00 (U.) IE | Bagis erad Agent signature required | and the contract of the contra |
| 12. | OFFICERS AND DIRE | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | □ DELETE | 1 1 TITLE | Change Addition |
| NAME | HYSELL, RICHARD W | | 1.2 NAME | |
| STREET ADDRESS | 307 \$ ORANGE AVE | | 1.3 STREET ADDRESS | |
| DITY-ST-ZIP | SARASOTA, FL 00000 | | 1.4 G/TY-ST- Z P | |
| TITLE | VPD | ☐ DELETE | 2 1 TITLE | ☐ Change ☐ Addition |
| NAME | HYSELL, RICHARD G | | 2.2 NAME | |
| STREET ADDRESS | 307 S. ORANGE AVE. | | 2 3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA, FL 00000 | | 2.4 CITY - ST - ZIP | |
| TITLE | TD | DELETE | E 1 TITLE | Change Addition |
| NAME | HYSELL, LAURA K | | 3.2 NAME | |
| STREET ADDRESS | 307 S. ORANGE AVE. | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA, FL 00000 | | 3.4 CHTV - ST - ZIP | |
| THLE | SD | ☐ DECETE | 4 1 THILE | ☐ Change ☐ Addition |
| NAME | HYSELL, PATRICIA E | | 4.2 NAME | |
| STREET ADDRESS | 307 S ORANGE AVE | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | SARASOTA FL | | 4.4 CHY+ST+ZIP | |
| TITLE | | DELETE | 5 1 Tifle f | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY ST-ZIP | |
| TITLE | | □ DELETE | 6 1 TITLE | Change Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 SYREET ADDRESS | |
| CITY - ST - ZIP | | | 6.4 C(TY - 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 amount report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 Brock 13 if changed, or on an attachment with an address

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SURVINOS OFFICER OR DIRECTOR

4/12/96

CR2E034 (12/95)

Zip Code

85