

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Aug 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000004156 (3)

1. Corporation Name

PRO TRAVEL, INC.

Principal Place of Business

15 EAST NORTH STREET
DOVER DE 19901

Mailing Address

15 EAST NORTH STREET
DOVER DE 19901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1996

3a. Date of Last Report

4. FEI Number

APPLIED FOR 105-0685585

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Via Mizner Financial Plaza

2a. Mailing Address

26 Via Mizner Financial Plaza

Suite, Apt. #, etc.

22 700 S. Federal Hwy Ste 200

Suite, Apt. #, etc.

27 700 S. Federal Hwy Ste 200

City & State

23 Boca Raton FL

City & State

28 Boca Raton FL

Zip

24 33432

Country

25 USA

Zip

29 33432

Country

30 USA

9. Name and Address of Current Registered Agent

SHAPIRO, LINDA
ONE PARK PLACE #320
621 NW 53RD STREET
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

Shapiro, Linda

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

700 S. Federal Hwy Suite 200

83

Via Mizner Financial Plaza

84 City

Boca Raton

FL

85 Zip Code

33432

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SHAPIRO, GARY
STREET ADDRESS 621 NW 53RD STREET
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☐ DELETE

NAME SHAPIRO, LINDA
STREET ADDRESS 621 NW 53RD STREET
CITY-ST-ZIP BOCA RATON FL

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

President
Linda Shapiro
700 South Federal Highway Suite 200
Boca Raton FL 33432

2.1 TITLE ☒ Change ☐ Addition

Vice President
Gary Shapiro
700 South Federal Highway Suite 200
Boca Raton FL 33432

3.1 TITLE ☐ Change ☒ Addition

Director
Robert W. Barron
700 S. Federal Highway Suite 200
Boca Raton FL 33432

4.1 TITLE ☐ Change ☒ Addition

Director / Secretary
Corleen Stacy McMillen
700 S. Federal Highway Suite 200
Boca Raton FL 33432

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

600002267906

-08/15/97--01004--009

***550.00

PE

8.13

I, the undersigned, 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 furnished 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 a 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*