FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # (0)COMMODORE TRAVEL, INCORPORATED Principal Place of Business Mailing Address 1834 HERMITAGE BLVD 1834 HERMITAGE BLVD TALLAHASSEE FL 32308-1149 TALLAHASSEE FL 32308-1149 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/24/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2592956 21 26 Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Žip Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ILLERS, PATRICIA M 3872 PADDRICK DRIVE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32308 **B3** 84 City Zip Code 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 tille if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change ILLERS, MICHAEL L NAME 1.2 NAME 3872 PADDRICK DR STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DVP DELETE TITLE 2.1 TITLE Change HORNER. KELLIE M NAME 2.2 NAME RT 1. BOX 614 BETH PAGE ROAD STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE RLERS, PATRICIA M 3.2 NAME NAME 3872 PADDRICK DR STREET ADDRESS 3.3 STREET ADDRESS TALLAHASSEE FL 3.4. CITY-ST-ZIP CITY-ST-ZW DELETE 4.1 TITLE Change NAME 4. 2 NAME

Applied For

Not Applicable

Addition

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6.4 CITY-ST-ZIP 14. I hereby 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 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 chapted, or on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5 4 CITY - ST - ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

DELETE

DELETE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZVP

TITLE

NAME

TITLE

NAME STREET ADDRESS

ICHPAI L. Ilky 853 385.1200 SIGNATURE: