

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Shirley B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J95413** (7)

1. Corporation Name  
**A-PLUS TRAVEL, INC.**



Principal Place of Business

4801 S UNIV DR  
STE 249  
DAVIE FL

Mailing Address

4801 S UNIV DR  
STE 249  
DAVIE FL

2. Principal Place of Business

2a. Mailing Address

21 Subt., Apt. #, etc.

26 Subt., Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**STANCO, ROSALIND  
4801 S. UNIVERSITY DR.  
SUITE 249  
DAVIE FL 33328**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified  
**09/30/1987**

3a. Date of Last Report  
**03/28/1995**

4. FEI Number  
**65-0054122**

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Section 607.0607 and 607.1506, Florida Statutes, I, the above named corporation, submit 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 607.0606, Florida Statutes.

SIGNATURE

Signature of the person who is to be the registered agent

Signature of the person who is to be the registered agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE  DELETE

NAME: **P STANCO, ROSALIND**  
STREET ADDRESS: **4801 S UNVDR ATRCTR S249**  
CITY-ST-ZIP: **DAVIE FL**

2. TITLE  DELETE

3. TITLE  DELETE

4. TITLE  DELETE

5. TITLE  DELETE

6. TITLE  DELETE

7. TITLE  DELETE

8. TITLE  DELETE

9. TITLE  DELETE

10. TITLE  DELETE

11. TITLE  DELETE

12. TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  Change  Addition

2. TITLE  Change  Addition

3. TITLE  Change  Addition

4. TITLE  Change  Addition

5. TITLE  Change  Addition

6. TITLE  Change  Addition

7. TITLE  Change  Addition

8. TITLE  Change  Addition

9. TITLE  Change  Addition

10. TITLE  Change  Addition

11. TITLE  Change  Addition

12. TITLE  Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state 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 person 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:

*Rosalind M. Stanco*  
*Rosalind M. Stanco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Apr 3, 1996*

(954)  
680-6248

CR2E034 (12/95)