FILE NOW: FILING FEE AFTER MAY 1 IS $:5.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mor
Secretary of S
DIVISION OF CORP ONS

DOCUMENT # **P29097** **(3)**

1. Corporation Name

THE MARK TRAVEL CORPORATION

Principal Place of Business	Mailing Address
8907 NORTH PORT WASHINGTON ROAD MILWAUKEE WI 53201-1460 US	8907 NORTH PORT WASHING ROAD MILWAUKEE WI 53201-1460 US

2. Principal Place of Business	2a. Mailing Address
21	26
Street Address, Apt. #, etc. 22	Street Address, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / C 29 / 30

3. Date Incorporated or Qualified: **04/27/1990**

3a. Date of Last Report: **01/23/1995**

4. FEI Number: **36-3245217** ☐ 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

SPENCER, MICHAEL
7200 LAKE ELLENOR DR
SUITE 100
ORLANDO, 32809

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the 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 | DATE

12. OFFICERS AND DIRECTORS

41 TYPE	PD	☐ DELETE
42 NAME	LAMACCHIA, WILLIAM E.	
43 STREET ADDRESS	8907 N PT WASHINGTON RD	
44 CITY-ST-ZIP	MILWAUKEE WI	
45 TYPE	VT	☐ DELETE
46 NAME	SIDDERS, KAREN	
47 STREET ADDRESS	8907 N PT WASHINGTON RD	
48 CITY-ST-ZIP	MILWAUKEE WI	
49 TYPE	SD	☐ DELETE
50 NAME	SOMMERHAUSER, PETER M.	
51 STREET ADDRESS	780 N. WATER STREET	
52 CITY-ST-ZIP	MILWAUKEE WI	
53 TYPE	D	☐ DELETE
54 NAME	LAMACCHIA, SHARON L.	
55 STREET ADDRESS	8907 N PT WASHINGTON RD	
56 CITY-ST-ZIP	MILWAUKEE WI	
57 TYPE	D	☐ DELETE
58 NAME	SOMMERHAUSER, PETER M.	
59 STREET ADDRESS	780 N. WATER STREET	
60 CITY-ST-ZIP	MILWAUKEE WI	
61 TYPE		☐ DELETE
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

65	☐ Change ☐ Addition
66	
67 STREET ADDRESS	
68 CITY-ST-ZIP	
69	☐ Change ☐ Addition
70	
71 STREET ADDRESS	
72 CITY-ST-ZIP	
73	☐ Change ☐ Addition
74	
75 STREET ADDRESS	
76 CITY-ST-ZIP	
77	☐ Change ☐ Addition
78	
79 STREET ADDRESS	
80 CITY-ST-ZIP	
81	☐ Change ☐ Addition
82	
83 STREET ADDRESS	
84 CITY-ST-ZIP	

CR2E034 (12/95)

14. I 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)(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 changed or added by amendment with an address.

SIGNATURE: Karen Sidders, VP [illegible] 1/26/96 414-351-3553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D | Daytime Phone #

ext. 2470