

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

CORPORATION
ANNUAL REPORT
1995



STATE DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
CORPORATION DIVISION
TALLAHASSEE, FLORIDA 32304

APPROVED
AND
FILED

95 MAY 10 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000039791 (6)**

SUNNY ISLES TRAVEL, INC.

1. Principal Office Address		Mailing Address		3. Date incorporated or organized		3a. Date of last report	
701 BRICKELL AVE SUITE 1200 MIAMI FL 33131		701 BRICKELL AVE SUITE 1200 MIAMI FL 33131		05/26/1994			
2. Principal Office Phone	2a. Mailing Address	4. File Number	Applied For		Not Applicable		
21	26	65-0496152					
22	27	5. Certificate of Status Desired	<input type="checkbox"/>		\$8.75 Additional Fee Required		
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>		\$5.00 May Be Added to Fees		
24	25	29	30	8. This corporation has ability for interlocking with § 139A(2)(c) Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

DO NOT WRITE IN THIS SPACE

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
ROSSZ FIU CORPORATION 701 BRICKELL AVE SUITE 1200 MIAMI FL 33131				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

11. I hereby certify the presence of Sections 220, 220.5 and 220.6 Florida Statutes. The above named corporation admits this statement for the purpose of changing its registered office as required by parts of the State of Florida Statutes. Change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of Florida and accept the obligations of Sections 220 Florida Statutes.

Name of Agent: _____ Date of Appointment: _____

12. OFFICERS, ADDITIONAL OFFICERS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D COWAN, DELROY 701 BRICKELL AVE SUITE 1200 MIAMI FL 33131	1. NAME	VICE PRESIDENT PETRONILLA DILLON 701 BRICKELL AVE SUITE 1200 MIAMI FL 33131
NAME	D SALMON, HEATHER D 701 BRICKELL AVE SUITE 1200 MIAMI FL 33131	2. NAME	
NAME		3. NAME	
NAME		4. NAME	
NAME		5. NAME	
NAME		6. NAME	
NAME		7. NAME	
NAME		8. NAME	
NAME		9. NAME	
NAME		10. NAME	

14. I hereby certify that the information furnished on this form is voluntarily furnished and does not qualify for the exemption stated in Section 139A(2)(b) Florida Statutes. I further certify that the information indicated on this report is not of confidential or proprietary nature 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 for the reason or reasons indicated to execute this report as required by Chapter 220 Florida Statutes, and that my name appears in Block 12 of this report.

SIGNATURE: 5/2/95 (305) 949-3818

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

1995 5-10-95 B-6599 C



APPROVED AND FILED

MAY 10 10:35

DOCUMENT # **P94000039930 (0)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NATIONAL CAB COMPANY, INC.

2. Name of Corporation		2a. Mailing Address		3. Date of Incorporation		3a. Date of Last Report	
4250 N. ECONLOCKHATCHEE TRAIL ORLANDO FL 32817-1361		4250 N. ECONLOCKHATCHEE TRAIL ORLANDO FL 32817-1361		05/23/1994			
21. Principal Office	26. Mailing Address	4. Filing Number	5. Certificate of Status Number		6. Election Campaign Financing		
6801 Wilkow Dr. #307 Orlando FL 32821	6801 Wilkow Dr. #307 Orlando FL 32821	222869358			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No \$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
24. State	25. County	29. State	30. County	6. This corporation has adopted the single plan for under S-100(C)(2)			
FL	Orange	FL	Orange	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
HALL, DAVID W 111 W. MAGNOLIA AVE., STE. 105 LONGWOOD FL 32750				B1. Name B2. Street Address (P.O. Box Number and Post Office) B3. B4. City FL B5. State			

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida, and that the above named corporation is authorized to do business in the State of Florida, and that the above named corporation is authorized to do business in the State of Florida, and that the above named corporation is authorized to do business in the State of Florida.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	DPST MOORE, PERCELL 4250 N. ECONLOCKHATCHEE TRAIL ORLANDO FL 32817-1361	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is complete, accurate and true, and that the above named corporation is authorized to do business in the State of Florida, and that the above named corporation is authorized to do business in the State of Florida, and that the above named corporation is authorized to do business in the State of Florida.

SIGNATURE: *(Signature)* (PERCELL MOORE JR.) 5-3-95 407-345-5686