FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

MERSCH TRAVEL, INC.

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65-0326834

FILED

Apr 14 1998 8:00am

Secretary of State

		I SEPICALIA (BILL FRILL BILL BARRILLE)				
Principal Place of Business	Mailing Address	1 10011 D1(0.0 1000 1000 0101 0101 0101 1101	- 1 10011 01/010 110/0 10/10 0/11/1 00/01 110/1 0/01/1 0/01/1 0/01/1 0/01/1 0/01/1 0/01/1			
15458 N.W. 77 COURT MIAM FL 33016 US	15458 N.W. 77 COURT MIAMI FL 33016 US	DO NOT WRITE IN THIS SPACE				
		3. Date Incorporated or Qualified 04/20/1992				
2. Principal Place of Business	2s. Mailing Address	4. FEI Number	Applied For			

11		26			65-0326834 Not Applicable
2	Suite, Apt. #, etc.	Suite, Apt. #, et	c.		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
:3	City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
4	Zip Country 25	Ζιρ 29	Cour 30	itry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
	MERSCH, LINDA			81	Name
15458 NW 77TH CT. MIAMI FL 33018		Street Address (P.O. Box Number is Not Acceptable)			
				63	
			Ī.	B4	City 85 Zip Code

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: Re		required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OF		
TITLE		DELETE	1.1 TITLE		☐ Change	Addition
NAME	MERSCH, LINDA K.		1.2 NAME			
STREET ADDRESS	5931 SW 199 AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 City-St-ZiP			
TITLE		DELETE	2.1 TITLE		☐ Change	Addition
NAME	MERSCH, CHARLES W		2.2 NAME			İ
STREET ADDRESS	5931 SW 199 AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY - ST - ZIP		•	[
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TALE		DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			l
STREET ADDRESS			4.3 STREET ADDRESS			į
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			İ
STREET ADDRESS			5.3 STREET ADDRESS		•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP)
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS		i	6.3 STREET ADDRESS			ļ
CITY-ST-ZIP	•		6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filling 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 experience of the corporation or the experience of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes.