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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 49

493644

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CENTRAL TRAVEL, INC.

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FILED
Jan 15 1998 8:00am
Secretary of State

Principal Place of Business
PRINCIPAL PIENDERS BOT W. CENTRAL AVENUE P.O. BOX 109 WINTER HAVEN FL 33882-7109 WINTER HAVEN FL 33882-7109 WINTER HAVEN FL 33882-7109 WINTER HAVEN FL 33882-7109  2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 3. Date Incorporated or Qualified 12/31/11975 12/31/11975  2. Principal Place of Business 2. A Mailing Address 4. FEI Number Sp-17063346 Not Applied For Sp-170
P.O. BOX 109 WINTER HAVEN FL 33882-7109 WINTER HAVEN FL 33882-7109 WINTER HAVEN FL 33882-7109  P.O. BOX 109 WINTER HAVEN FL 33880  P.O. BOX 109 WINTER HAVEN FL 33882  P.O. BOX 109 WINTER HAVEN FL 33882  P.O. BOX 109
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2. Principal Place of Business   2a, Mailling Address   12/31/1975   2. Principal Place of Business   2a, Mailling Address   4, FEI Number   Applied For   Not Applied For   N
2. Principal Place of Business
Suite, Apt. #, etc.
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   S8.75 Additional Fee Required
Secretificate of Status Desired   Fee Required
City & State  Country  Country  Country  Country  Country  R. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
Zip Country Zip Country Added to Fees  Zip Country Zip Country Begistered Agent So. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No.
Zip
9, Name and Address of Current Registered Agent  DORR, G. C. 601 W. CENTRAL AVENUE P.O. BOX 109 WINTER HAVEN FL 33880  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 acceptable obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or privad name of registered agent and title II applicable.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PTD DELETE 1.1 TITLE DORR, G.C. 12. NAME DORR, G.C. 12. NAME DORR, G.C. 13. STREET ADDRESS 601 W. CENTRAL AVENUE 13. STREET ADDRESS CITY-ST-2IP WINTER HAVEN, FL 00000 LI STITLE VSD LIBETE 2.1 TITLE  DORR, ANNABELLE  Change Addit Addit DORR, ANNABELLE
DORR, G. C. 601 W. CENTRAL AVENUE P.O. BOX 109 WINTER HAVEN FL 33880  82 Street Address (P.O. Box Number is Not Acceptable)  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 agent. I am familiar with, angleacept the appointment as registered agent. I am familiar with, angleacept the appointment as registered agent. I am familiar with, angleacept the appointment as registered agent. I am familiar with, angleacept the appointment as registered agent. I am familiar with, angleacept the appointment as registered agent. I am familiar with, angleacept the appointment as registered agent. I am familiar with, angleacept the appointment as registered agent. I am familiar with, angleacept the appointment as registered agent engalted when relinstalting)  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DORR, G.C.  11. ITITLE  DORR, G.C.  12. NAME  DORR, G.C.  13. STREET ADDRESS  GOT W. CENTRAL AVENUE  14. CITY-ST-ZIP  WINTER HAVEN, FL 00000  DELETE  11. TITLE  VSD  DORR, ANNABELLE  Change  Addit  Addit  Addit  Change  Addit
DORR, G. C. 601 W. CENTRAL AVENUE P.O. BOX 109 WINTER HAVEN FL 33880  84 City FL 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 register of 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 armiliar with, authorage experiment as registered agent and title if applicable.  SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PTD DORR, G.C. SIRET ADDRESS 601 W. CENTRAL AVENUE 1.3 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 00000 DELETE 2.1 TITLE VSD DORR, ANNABELLE  Change Addit DORR, ANNABELLE
82 Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33880  84 City FL 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 registere 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 acceptate obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or private name of registered agent and title If applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PTD  DORR, G.C.  SIREET ADDRESS  GITY-ST-ZIP  WINTER HAVEN, FL 00000  DELETE  21. TITLE  VSD  DORR,ANNABELLE  Change  Addit  Change  Addit  Change  Addit  Change  Addit  Addit  Change
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WINTER HAVEN FL 33880  84 City  FL 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 agent. I am familiar with, and acceptate obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PTD
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SIGNATURE    Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)   12.
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NAME   DORR, G.C.   1.2 NAME
STREET ADDRESS   601 W. CENTRAL AVENUE
CITY-ST-ZIP         WINTER HAVEN, FL 00000         1.4 CITY-ST-ZIP           TITLE         VSD         DELETE         2.1 TITLE           NAME         DORR,ANNABELLE         22 NAME
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NAME
NAME BOTKIN, SARA D. 5.2 NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 5.4 CITY-ST-ZIP  TITLE Change Additional Control of the control of t

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 changed, or go an attact trient with an address.

SIGNATURE:

SUL SEREQUIL DORR

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