

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

**APPROVED  
AND  
FILED**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

95 APR 19 AM 2:31

**DOCUMENT # 217454 (8)**

1. Corporation Name  
**FIRST NATIONAL TRAVEL SERVICE, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**3025 S HOLLYWOOD BLVD.  
HOLLYWOOD FL 33080**

Mailing Address  
**3025 S HOLLYWOOD BLVD.  
HOLLYWOOD FL 33080**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**11/22/1958**

3a. Date of Last Report  
**06/02/1994**

4. FEI Number  
**59-0808599**

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**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
**21** Suits, Apt. #, etc.

2a. Mailing Address  
**26** Suits, Apt. #, etc.

22 City & State  
**27** City & State

23 Zip Country  
**25** **29** Zip Country  
**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FURST, HENRY  
7275 SW 42 COURT  
DAVE FL 33314**

**B1** Name  
**B2** Street Address (P.O. Box Number is Not Acceptable)  
**B3**  
**B4** City **FL** **B5** 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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>FURST, HENRY</b>
STREET ADDRESS	<b>7275 SW 42 COURT</b>
CITY - ST - ZIP	<b>DAVE FL</b>
TITLE	<b>VST</b>
NAME	<b>MIRABLE, CARRIE</b>
STREET ADDRESS	<b>7130 SW 41 COURT</b>
CITY - ST - ZIP	<b>DAVE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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)(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 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 on an attachment with an address.

SIGNATURE: *Henry Furst*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 17, 95* **915-0500**  
DATE Daytime Phone #

**HENRY FURST**