FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:55

DOCUMENT # 236258 (0)

1. Corporation Name
HARBOR BEACH TRAVEL SERVICE, INC.

Principal Place of Business
1515 SE 17TH ST
SUITE 133
FT LAUDERDALE FL 33316
US

Mailing Address
1515 SE 17TH ST
SUITE 133
FT LAUDERDALE FL 33316
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/07/1960
3a. Date of Last Report: 02/14/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24
Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29
Country — 30

4. FEI Number: 59-0907149 — 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
SHARPE, KIMBERLY A
8740 NW 40TH ST #133
FT LAUDERDALE FL 33065

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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 and typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	~~PVS~~
NAME	~~GLADDING, VALERIA, D~~
STREET ADDRESS	~~2743 N.E. 14 ST~~
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	Delete Omit	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/S/T	☒ Change ☐ Addition
2.2 NAME	Kimberly A. Sharpe	
2.3 STREET ADDRESS	1625 S.E 10th Ave #602	
2.4 CITY-ST-ZIP	Fort Lauderdale, Florida 33316	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME	Lawrence Clay	
3.3 STREET ADDRESS	931 Monroe Dr. Suite 102	
3.4 CITY-ST-ZIP	Atlanta, GA 30308	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 the 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 is the name of a person with an address.

SIGNATURE: [signature] 2/9/95 (305)761-3111
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0236330 CP