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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 252555

(8)

DUGAN TRAVEL SERVICE, INC.

FILED	
Apr 25 1997 8:00am	
Secretary of State	



Principal Place of Business Mailing Address				······································			
500 E. SPANISH RIVER BLVD.		500 E. SPANISH RIVER BL	500 E. SPANISH RIVER BLVD.				
BOGA RATE	ON FL 33431	BOCA RATON FL 33431-46	116		3. Date Incorporated or Qualified	3a. Date of L	act Benort
				·····	10/26/1961	04/25/19	96
1	al Place of Business	2a. Mailing Address			4. FEI Number	-	Applied For
21	and the same	26			59-0943131		Not Applicabl
22	pt. #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional ee Required
City & S 23	State	City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Z₁p	Country	Zip	Cou	intry	a. This corporation has liability for i	ntangible tax un	der s. 199.032,
24	25		30			Yes 🗌 No	
	g. Name and Address of Currer	it Registered Agent			10. Name and Address of New Re	pistered Agent	
P	POPE, SUSAN			81 Name			
	00 E SPANISH RIVER BLVD			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	BOCA RATON FL 33431			2	The second of th		
-				83			
				84 City		85	Zip Code
					poration submits this statement for the pation's board of directors. I hereby accept		
agent SIGNATUR	I am familiar with, and accept the obliga-	ations of, Section 607.0505, Fid	orida Stat	utes. Agent signature requ	· .	DATE	
12.	OFFICERS AN		13.	The state of the s	ADDITIONS/CHANGES TO OFFICE		CTORS IN 12
Title	PS	DELETE	1.1 7/	TLE		Ch	
NAME	POPE, SUSAN		1.2 N	AME			
STREET ADDRES	ss 500 E SPANISH RIVER BLVD		1.3 \$	rreet address			
CITY-ST-7P	BOC RATON, FL 00000		1.4 CI	TY-ST-ZIP			
TITLE	VT	DELĒTE	2.1 Ti	TLE		Ch	ange 🔲 Additio
NAME	POPE, RICHARD		2.2 N	AME .		-1	
STREET ADDRES	ss 500 E SPANISH RIVER BLVD		2.3 \$1	REET ADDRESS			
City-St-7iP	BOC RATON, FL 00000		2.40	ITY-ST-ZIP	<u></u>		
THIE		DELETE	3.1 Ti	TLE		Ch	ange 🔲 Additio
NAME			3.2 N	AME [
STREET ADORES	SS		335	reet address			
CITY-ST-7IF		T becore		ITY-ST-ZIP			
TITLE		DELETE	4.1 TI			L Ch	ange L. Additio
NAME			4.2 N				
STREET ADORE:	\$6			REET ADDRESS			•
CITY-ST-ZIP		DELETE	4.4 C	TY-ST-ZIP		Ch	ange Additio
TITLE			1	ì		1 UII	ango La Additio
NAMÉ Proces Appro-	re l		5.2 N				
STREET ADDRES	8		1	REET ADDRESS			
CITY ST-ZIF		DELETE	54C	TY-ST-ZIP		☐ Ch	ange
NAME		E. Dittit	6.2 N	ì		- V**	ange Lad rading
STREET ADDRES	00		1	TREET ADDRESS			
	X107		1	. }			
CITY - ST - ZIP	į.		■ 0.4 C	TY-ST-ZIP			

14. I do 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 on an attachment with an address.