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

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

**FILED** Jan 20 1998 8:00am PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # 348657 (8)YOUNG'S TRAVEL. INC Principal Place of Business Mailing Address 30385 SO DIXIE HWY 30385 SO DIXIE HWY HOMESTEAD FL 33030 HOMESTEAD FL 33030 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/27/1969 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1277683 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıρ Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PORTER, LANIER M 10 NE 18TH STREET Street Address (P.O. Box Number is Not Acceptable) **B2** HOMESTEAD FL 33030 83 84 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 TITLE PORTER, LA VOYCE NAME 1.2 NAME 18604 S.W. 294 TERRACE STREET ADDRESS 1.3 STREET ADDRESS HOMESTEAD FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TVPD DELETE Change Addition TITLE 2.1 TITLE PORTER, LANIER NAME 2.2 NAME 18604 S.W. 294 TERRACE STREET ADDRESS 2.3 STREET ADDRESS HOMESTEAD FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Addition Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREFT ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE

6.2 NAME

**6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP

14. Thereby 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 is supplied ental 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 the receiver of the corporation or the receiver of 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 the receiver of the corporation o January 6, 1998 (305) 247-9415

CR2E034 (10/97