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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1000			DIVISION OF	CORPORATIONS		
Corporatio	on marne	365921	(6)			
LEES	SBURG TRAVEL S	ERVICE, INC.			I FARING MINA ANAL AND LONG LONG LI	ill Mái Biall Ciáir Billi Aibh annu ciair te
ncipal Plac	e of Business		Mailro Address			
W. W. SHOPPING CENTER		Mailing Address			an cean anner denen denet Arter Grüft fillt (#	
P.O. BOX 129			W. W. SHOPPING CENTER P.O. BOX 129			
WILDWOOI	D FL 34785		WILDWOOD FL 34785		2 Data la	
					 Date Incorporated or Qualified 06/19/1970 	3a. Date of Last Report 02/08/1995
Principal P	lace of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	#. etc	2			59-1293626	Not Applicable
	.,	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stati	ie:		City & State		6. Election Campaign Financing	Fee Required
·	·	28			Trust Fund Contribution	\$5.00 May Be Added to Fees
'ψ	Countr	·	Zip	Country	8. This corporation has liability for in	ntangible tax under s 199.032
	25 9. Name and Addre	29 28 of Current Red	istared Agent	30	Florida Statutes	L No
			iotered Agent	81 Name	10. Name and Address of New Re	egistered Agent
	NG, LILA L.					
	HOPPING CENTER D	RIVE		82 Street Add	dress (P.O. Box Number is Not Acceptable	e)
WILDW	VOOD FL 32785			83		
				84 City		1. 1.
				[]		FL 85 Zip Code
Pursuant t or register	to the provisions of Sectioned a new or both, in the	ions 607.0502 and 6	07.1508, Florida Statutes,	the above-named corpo	pration submits this statement for the purp	Dose of changing its registered office
NIG II III II		- IV A Z ZO	G		oration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing its registered offici intment as registered agent. I am
NIG II III II	Square, typica or printed name of	- IV A Z ZO	Japanicarve (NOTE	the above-named corpo by the corporation's boat Registered Agent signature require 13.	ed when reinstating)	oose of changing its registered officintment as registered agent. I am L. 20, 1996
NATURE	Signature, typical or printed name of C	of registered agent and tille. DFFICERS AND DIRE	Japanicarve (NOTE	Registered Agent signature require		oose of changing its registered officintment as registered agent. I am L. 20, 1996 DATE DERS AND DIRECTORS IN 12
NATURE	VPS WALLING, LILA L	of registered a jest as it lie. OF FICERS AND DIRE	application (NOTE	Registered Agent signature require	ed when reinstating)	cose of changing its registered officintment as registered agent. I am
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out, that ram 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 13.0 changed, or on an attachment with an address. 2-20-96 964-748-336

SIGNATURE: