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

APPROVED AND FILED

95 JUL -5 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **377060** **(9)**

1. Corporation Name
DAVIE TRAVEL AGENCY, INC.

Principal Place of Business
8848 STATE ROAD 84
DAVIE FL 33324

Mailing Address
8848 STATE ROAD 84
DAVIE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/11/1971**
3a. Date of Last Report: **10/05/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt # etc — 22
Suite Apt # etc — 27
City & State — 23
City & State — 28
Country — 24 — 25
Zip — 29 — 30

4. FEI Number: **59-1356265** — 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 capital for filing under S. 180.1622 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
NEHLS, HOWARD A.
8848 STATE ROAD 84
DAVIE FL 33324

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — **FL** — 05 Zip Code

11. Pursuant to the provisions of Section 607.0500 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 of Registered Agent or Officer or Director of the Registered Agent — Name of Registered Agent or Officer or Director of the Registered Agent — Date

12. OFFICERS AND DIRECTORS

Title	PD
Name	JOAN L. NEHLS
Street Address	8848 STATE ROAD 84
City, State, Zip	DAVIE, FL 00000
Title	VPD
Name	NEHLS, HOWARD A.
Street Address	8848 STATE ROAD 84
City, State, Zip	DAVIE, FL 00000
Title	SD
Name	DELEO, S. PAUL
Street Address	4431 SW 64TH AVE.
City, State, Zip	DAVIE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Attach)

Former Name	☐ Change	☐ Addition
Name		
Street Address		
City, State, Zip		
Former Name	☐ Change	☐ Addition
Name		
Street Address		
City, State, Zip		
Former Name	☐ Change	☐ Addition
Name		
Street Address		
City, State, Zip		
Former Name	☐ Change	☐ Addition
Name		
Street Address		
City, State, Zip		
Former Name	☐ Change	☐ Addition
Name		
Street Address		
City, State, Zip		
Former Name	☐ Change	☐ Addition
Name		
Street Address		
City, State, Zip		

14. I 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)(bb), 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 above, or on an attachment with an asterisk.

SIGNATURE: JOAN L. NEHLS | JOAN L. NEHLS / PRES — 6 30 95 — 954-472-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0232484 CP