FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **466917** **(2)**

1. Corporation Name

CORAL COAST TRAVEL SERVICE, INC.

Principal Place of Business	Mailing Address
6867 GRANADA BLVD CORAL SPR FL 33146 US	6867 GRANADA BLVD CORAL GABLES FL 33146 US

3. Date Incorporated or Qualified: **12/31/1974**

3a. Date of Last Report: **02/17/1995**

4. FEI Number: **65-0031233** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 6867 GRANADA BLVD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 CORAL GABLES, FL.
Zip 24 / Country 25	Zip 29 33146-3823 / Country 30 DADE

9. Name and Address of Current Registered Agent

WILSON, GEORGE M
6867 GRANADA BLVD
~~MEDLEY, FL~~
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name: WILSON, GEORGE M.
82 Street Address (P.O. Box Number is Not Acceptable): 6867 GRANADA BLVD.
83
84 City: CORAL GABLES FL 85 Zip Code: 33146

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, GEORGE M		1.2 NAME	
STREET ADDRESS	6867 GRANADA BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, JANE F		2.2 NAME	
STREET ADDRESS	6867 GRANADA BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, BRIAN C		3.2 NAME	
STREET ADDRESS	6867 GRANADA BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	AVIRETT, SHELLEY JO		4.2 NAME	
STREET ADDRESS	6867 GRANADA BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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.

SIGNATURE: George M Wilson — APRIL 10, 1996 — (305)667-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GEORGE M WILSON