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

APPROVED AND FILED

95 MAY -1 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 487757 (7)

1. Corporation Name
DARCON TRAVEL CORPORATION

Principal Place of Business	Mailing Address
600 W. HILLSBORO BLVD STE. 600 DEERFIELD BEACH FL 33441 US	600 W. HILLSBORO ROAD STE. 600 DEERFIELD BEACH FL 33441 US

3. Date Incorporated or Qualified: **10/10/1975**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1623400** ☐ 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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BAER, JAMES F.
87883 OLD HIGHWAY
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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	P	☐ Change ☐ Addition
NAME	BAER, JAMES F	
STREET ADDRESS	87883 OLD HIGHWAY	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	S	☐ Change ☐ Addition
NAME	BAER, DOROTHY M	
STREET ADDRESS	87833 OLD HIGHWAY	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	C	☐ Change ☐ Addition
NAME	MORRISON, JACK V.	
STREET ADDRESS	600 W. HILLSBORO BLVD., STE. 600	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)(k), 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-95 Date

(305) 698-6556 Daytime Phone #

0266660 CP