

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY - 1 PH 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 501206 (7)

1. Corporation Name
NOB HILL TRAVEL, INC.

Principal Place of Business Mailing Address
**9508 GRIFFIN ROAD 9508 GRIFFIN ROAD
COOPER CITY FL 33328 COOPER CITY FL 33328**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
04/14/1976 05/01/1994

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

4. FEI Number	Applied For
59-1661005	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**ROGOVIN, LAWRENCE H.
1175 NORTHEAST 125TH ST.
NORTH MIAMI FL**

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 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERZOG, JEANNE	12 NAME	
STREET ADDRESS	5220 SW 10TH ST	13 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION, FL 00000	14 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILGRAM, CHARLOTTE	22 NAME	
STREET ADDRESS	6815 LAJOLLA SCENIC DR S	23 STREET ADDRESS	
CITY - ST - ZIP	LA JOLLA CA	24 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILGRAM, EUGENE	32 NAME	
STREET ADDRESS	6815 LAJOLLA SCENIC DR S	33 STREET ADDRESS	
CITY - ST - ZIP	LA JOLLA CA	34 CITY - ST - ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADOLPH, MANFRED	42 NAME	
STREET ADDRESS	5220 SW 10TH ST	43 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION, FL 00000	44 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 my address.

SIGNATURE: *Manfred Adolph* **MANFRED ADOLPH 4/27/95 (305)434-5533**
(Type Name) (Type Name)