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 # **502450** **(0)**

1. Corporation Name

SEMINOLE TRAVEL, INC.

Principal Place of Business	Mailing Address
7731 SEMINOLE MALL **SEMINOLE FL 34642-1799**	**7731 SEMINOLE MALL** **SEMINOLE FL 34642-1799**

3. Date Incorporated or Qualified: **05/04/1976**

3a. Date of Last Report: **06/20/1995**

4. FEI Number: **59-1681048** ☐ 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 is liable for intangible tax under s. 199.032 Florida Statutes. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

FAHS, BERTRAM J.
15542 REDINGTON DRIVE
REDINGTON BEACH FL 33708

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 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PTD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	FAHS, BERTRAM J.		2 NAME	
STREET ADDRESS	15542 RED DRIVE		3 STREET ADDRESS	
CITY-ST-ZIP	RED BEACH FL		4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	BALDWIN, JEANETTE		6 NAME	
STREET ADDRESS	465 HARBOR DR NORTH		7 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		8 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	STERLING, JUDITH E		10 NAME	
STREET ADDRESS	16494 RED DRIVE		11 STREET ADDRESS	
CITY-ST-ZIP	RED BEACH FL		12 CITY-ST-ZIP	
TITLE		☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME			14 NAME	
STREET ADDRESS			15 STREET ADDRESS	
CITY-ST-ZIP			16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is accurately 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 Ch. 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, with any other address.

SIGNATURE: *Bertram J. Fahs* BERTRAM J. FAHS 4/2/96 813 392-2202

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

CR2E034 (12/95)