## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

C!TY-ST-ZIP

TITLE

MAME

TITLE

NAME

## FILED **PROFIT** Jan 14 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # 502450 (0)SEMINOLE TRAVEL, INC. Principal Place of Business Malling Address 7731 SEMINOLE MALL 7731 SEMINOLE MALL SEMINOLE FL 34642-1799 SEMINOLE FL 33772-4702 3. Date Incorporated or Qualified 3a. Date of Last Report 05/04/1976 04/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 59-1681048 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required\_ City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution 23 Added to Fees Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FAHS, BERTRAM J. 15542 REDINGTON DRIVE Street Address (P.O. Box Number is Not Acceptable) REDINGTON BEACH FL 33708 83 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 reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTD DELETE 1.1 TITLE \_\_\_ Change Addition FAHS, BERTRAM J. NAME 1.2 NAME R2E034 15542 RED DRIVE STREET ADDRESS 1.3 STREET ADDRESS RED BEACH FL CITY-ST-Z:P 1.4 CITY - ST - ZiP DELETE \_\_ Change Addition TITLE ٧D 2.1 TITLE BALDWIN, JEANETTE NAME 2.2 NAME 465 HARBOR DR NORTH STREET ADDRESS 2.3 STREET ADDRESS INDIAN ROCKS BEACH FL -CITY+ST-ZIP 2.4.CITY -ST - 7IP ☐ DELETE TITLE VSD Change Addition 3 1 71718 STERLING, JUDITH E 3.2 NAME MAME 16494 RED DRIVE STARET ADDRESS 3.3 STREET ADDRESS RED BEACH FL 3.4. CITY - ST - ZIP CiTY - ST - ZiP DELETE Change Addition TITLE 4.5 TITLE NAME 4. 2 NAME STREET ADDRESS 4,3 STREET ADORESS

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Plorida Statules. I further certify that the information indicated on this annual sport or supplemental annual eport is true 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 and ownered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged as on an attachment with an access.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-Z:P

5.1 7ITLE

5.2 NAME

6.1 TITLE

6.2 NAME

Change

Change

Addition

Addition

DELETE

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