

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 # 540001 (5)

1. Corporation Name

KENDALE LAKES TRAVEL, INC.



Principal Place of Business

Mailing Address

13965 N. KENDALL DRIVE
MIAMI FL 33186

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MIAMI FL 33186

3. Date Incorporated or Qualified

05/24/1977

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

21 14035 N. Kendall Drive

2a. Mailing Address

26 14035 N. Kendall Drive

4. FEI Number

59-1742305

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

Miami, FL

28 City & State

Miami, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

33186

25 Country

USA

29 Zip

33186

30 Country

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HACKER, BARBARA
13965 N KENDALL DR
MIAMI FL 33186

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
14035 N. Kendall Dr.

83

84 City

Miami

FL

85 Zip Code

33186

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME HACKER, BARBARA
STREET ADDRESS 2901 S BAYSHORE DR
CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ DELETE
NAME SVD HACKER, MARGARET
STREET ADDRESS 13951 SW 66TH STREET
CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ DELETE
NAME VD HACKER, PHILIP A
STREET ADDRESS 13951 SW 66TH STREET
CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ DELETE
NAME AS HACKER, PHILIP A
STREET ADDRESS 13951 SW 66TH ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME AS MORAETES, ROBIN
STREET ADDRESS 2901 S. BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Hacker, Pres.

4/23/96

305-385-3191
Daytime Phone

CR2E034 (12/95)