

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **541331** (5)  
1. Corporation Name  
**ROYAL PALM TRAVEL, INC.**



Principal Place of Business: **223 SUNSET AVENUE PALM BEACH FL 33480**  
Mailing Address: **223 SUNSET AVENUE PALM BEACH FL 33480**

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

3. Date Incorporated or Qualified <b>07/18/1977</b>	3a. Date of Last Report <b>04/14/1995</b>
4. FEIN Number <b>59-1754208</b>	Applied For Not Applicable
5. Contributor of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	
<b>LEHRMAN, SUSAN M. 223 SUNSET AVENUE PALM BEACH FL 33480</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0002 and 607.1505, 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. Thereby I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0005, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	<b>STD</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEHRMAN, SUSAN M.</b>	2. NAME	
STREET ADDRESS	<b>223 SUNSET AVENUE</b>	3. STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BCH FL</b>	4. CITY-STATE-ZIP	
TITLE	<b>P</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEHRMAN, SUSAN M.</b>	6. NAME	
STREET ADDRESS	<b>223 SUNSET AVENUE</b>	7. STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BCH FL</b>	8. CITY-STATE-ZIP	
TITLE	<b>VP</b>	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLANK, MICHAEL A.</b>	10. NAME	
STREET ADDRESS	<b>223 SUNSET AVENUE</b>	11. STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	12. CITY-STATE-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-STATE-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-STATE-ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-STATE-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 return above is filed on the annual report or biennial report of this corporation 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 person or persons responsible for such filing; that I am a resident of this state as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, for change or addition, listed below as a new officer or director.

SIGNATURE: *Susan M. Lehman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)