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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

**SIGNATURE:** 

DOCUMENT # 550386

(7)

1. Corporation t	Name S WORLD TRAVEL, INC.	` ,						
Principal Place of Business Mailing Address						#11# #111 #1E11		1. 2.2 0.0
	antic ave suite 112 ach fl 32931	1980 N ATLANTIC A COCOA BEACH FL		112				
					Date Incorporated or Qualified     11/01/1977	3a. Da	te of Last Re 04/25/19	
2. Principal Plac	ce of Business	2a. Mailing Address					Applied For	
1		26			59-1777494			Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
Crty & State		City & State		6. Election Campaign Financing	S5.00 May Be Added to Fees			
3		28	Cou	entry	Trust Fund Contribution  8. This corporation has liability for	r intendible		<del>`</del>
Zγρ ⊒1	Country 25	Zıp 29	30	лиу	Florida Statutes	s 🔲 No	tax undor b	100.001
4	g. Name and Address of Currer		1001		10. Name and Address of New	Registered	d Agent	
				81 Name				
BAMBECK, BERNARD E				82 Street Addr	ess (P.O. Box Number is Not Acceptable)			
	S. ATLANTIC AVE.			-				
	A BEACH, FL 3293)			83				
<del>-0000/</del>	4-FL 32931			84 City /	V 00 0000	F	85 Z	p Code
					OA BEAU-1 ration submits this statement for the p			registered office
or registere familiar with	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect Signature, typed or printed name of registered agen	da. Such change was author tion 607.0505, Florida Statute	zed by the	corporation's boa	TO OF CITIES OF STREET, THE FEB. STREET, THE CIT	TAG	as registered	
 12.		D DIRECTORS	13.	a year of a grant	ADDITIONS/CHANGES TO OF		ND DIRECTO	DRS IN 12
1111.6	VD	DELETE	1.1	TITLE			Change	☐ Addition
NAME	BAMBECK, BERNARD E.		1.2 N	IAME				
STREET ADDRESS	1590 SOUTH ATLANTIC A	Æ	1.3 \$	TREET ADDRESS				
CITY - ST - ZIP	COCOA BEACH FL		140	CITY-ST-ZIP				
TITLE	PD	DELETE	2 1	TITLE			☐ Change	☐ Addition
NAME	BAMBECK, VIOLA	_	221	1				
STREET ADDRESS	1590 SOUTH ATLANTIC A	Æ		STREET ADDRESS				
CITY-ST-ZIP	COCOA BEACH FL	FINELETE		CITY-ST-ZIP		·	Change	☐ Add tion
TITLE		☐ DELÉTÉ		TITLE				
NAME			1	NAME Street address				
STREET ADDRESS				CITY-ST-ZIP				
CITY-ST-ZIP TITLE		DELETE		TETLE			Change	☐ Addition
NAME			421	NAME				
STREET ADDRESS			43	STREET ADDRESS				
CITY - ST- ZIP			441	CHTY-ST-ZIP				
TILE		☐ DELETE	5 1	TITLE			Change	Addition
NAME			52	NAME				
SIREET ADDRESS			5 3	STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP			Chapma	Addition
11"LF		DELETE		THILE			☐ Change	T MODITION
NAME				NAME				
STREET ADDRESS				STREET ADORESS				
CITY - ST - ZIP	and it that the information are also	with this filing is voluntarily for	wnished on	CITY - \$1-ZiP     1 does not qualify	for the exemption stated in Section 1	19.07(3)(k).	Florida Statu	utes. I further
certify that	by certify that the information supplied the information indicated on this and I am an officer or director of the corp in Block 12 or Block 13 if changed, or	nual report or supplemental ar loration or the receiver or trus	nnuai repon tee empow	d does not qualify t is true and accur ered to execute the	for the exemption stated in Section 1 rate and that my signature shall have this report as required by Chapter 607	ne same leg he same leg , Florida Sta	gal effect as itutes; and the	if made unde nat my name

4/24/96 (407) 84-2300