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 # **579273** **(4)**

1. Corporation Name
PALM BEACH GARDENS TRAVEL SOUTH, INC.

Principal Place of Business
3095 S. MILITARY TRAIL
LAKE WORTH FL 33463

Mailing Address
3095 S. MILITARY TRAIL
LAKE WORTH FL 33463

3. Date Incorporated or Qualified: **07/17/1978**
3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: **59-1832745** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MALCOLM, NANCY LEE
4010 SO. 57TH AVE., #102
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent
81 Name: John P. Marinelli, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 1615 Forum Pl. Ste 3-B
83
84 City: West Palm Beach FL 85 Zip Code: 33401

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: John P. MARINELLI 1-31-96
Signature of a New Registered Agent or Current Registered Agent — NAME: Registered Agent Signature (Typed or Printed) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	TIPPETT, MARIE L.	
STREET ADDRESS	3095 S. MILITARY TRAIL	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	☐ DELETE
NAME	TIPPETT, GREGORY	
STREET ADDRESS	135 CONGRESS AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	Tippett, Gregg A.	
2.3 STREET ADDRESS	135 Congress Ave.	
2.4 CITY-ST-ZIP	Boynton Beach, FL 33435	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	Linley, Anna	
3.3 STREET ADDRESS	3095 So. Military Trail	
3.4 CITY-ST-ZIP	Lake Worth, FL 33463	
4.1 TITLE	T	☐ Change ☒ Addition
4.2 NAME	Bean, James A.	
4.3 STREET ADDRESS	3095 So. Military Trail	
4.4 CITY-ST-ZIP	Lake Worth, FL 33463	
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: Marie L. Tippett Marie L. Tippett, Pres. 1-25-96 (407)4390333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)