


4-14-97 B- 4515 -C

FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

FILED

Apr 14 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 592877 1. Corporation Name NOMAD TRAVEL, INC. | | (5) | | | |
| Principal Place of Business 1256 SOUTH TAMiami TRAIL OSPREY FL 34229 | | Mailing Address 1256 SOUTH TAMiami TRAIL OSPREY FL 34229-9692 | | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 11/09/1978 3a. Date of Last Report 04/19/1996 4. FEI Number 59-1864781 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent SCHWEPPE, PATRICIA 1256 SOUTH TAMiami TRAIL OSPREY FL 34229 | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature typed or printed name of registered agent and fee if applicable | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE PD <input type="checkbox"/> DELETE NAME SCHWEPPE, PATRICIA STREET ADDRESS 4632 EAST LAKE CIRCLE CITY-ST-ZIP SARASOTA FL | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | |
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| 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), 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: <i>Patricia Schweppe</i> | | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PATRICIA SCHWEPPE 2/11/97 966-2141 | | |



CR2E034 (9/96)