

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 5:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 642247 (1)  
1. Corporation Name  
CONNOISSEUR TRAVEL OF NORTH AMERICA, INC.

Principal Place of Business Mailing Address  
1958 MAIN ST 1958 MAIN ST  
SARASOTA FL 34236 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 10/19/1979 3a. Date of last Report 03/08/1994  
4. FEI Number 59-1948778 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

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

9. Name and Address of Current Registered Agent

HUTTON, CHARLES T.  
5603 26TH STREET WEST  
SARASOTA, FL  
BRADENTON FL 34207

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

(Signature of Agent or Director) (Signature of Agent or Director) (Signature of Agent or Director) (Signature of Agent or Director)

(Signature of Agent or Director) (Signature of Agent or Director) (Signature of Agent or Director) (Signature of Agent or Director)

(Signature of Agent or Director)

12. OFFICERS AND DIRECTORS  
TITLE PSD  
NAME KAHN, JACK C  
STREET ADDRESS 1958 MAIN STREET  
CITY, ST, ZIP SARASOTA, FL 00000  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY, ST, ZIP  
5. TITLE ☐ Change ☐ Addition  
6. NAME  
7. STREET ADDRESS  
8. CITY, ST, ZIP  
9. TITLE ☐ Change ☐ Addition  
10. NAME  
11. STREET ADDRESS  
12. CITY, ST, ZIP  
13. TITLE ☐ Change ☐ Addition  
14. NAME  
15. STREET ADDRESS  
16. CITY, ST, ZIP  
17. TITLE ☐ Change ☐ Addition  
18. NAME  
19. STREET ADDRESS  
20. CITY, ST, ZIP  
21. TITLE ☐ Change ☐ Addition  
22. NAME  
23. STREET ADDRESS  
24. 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(2)(b), 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 a mark 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jack C. Kahn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 MAY 95

813 366-7662