

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **648877** (9)

1. Corporation Name
CBC TRAVEL, INC.



Principal Place of Business

Mailing Address

~~2207 S. UNIVERSITY DR.
DAVIE FL 33324~~

~~2207 S. UNIVERSITY DR.
DAVIE FL 33324~~

**2901 W. Oakland Park Blvd
Stk B12
Ft. Lauderdale FL 33311** *same*

2. Principal Place of Business

2a. Mailing Address

21 2901 W. Oakland Park Blvd

26 2901 W. Oakland Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Stk B-12

27 Stk B-12

City & State

City & State

23 Ft. Lauderdale FL

28 Ft. Lauderdale FL

Zip

Zip

24 33311

29 33311

Country

Country

25 Blvd

30 Blvd

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/18/1979

3a. Date of Last Report
05/01/1995

4. FEI Number

59-1959757

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

**MOODY & JONES, P.A. (ATTORNEYS)
1333 S. UNIVERSITY DR.
SUITE 201
PLANTATION FL 33324**

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 (Typed or printed name of registered agent or other change agent)

Signature (Typed or printed name of registered agent or other change agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SEITNER-MOODY, DEBORAH	
STREET ADDRESS	3501 S.W. 116 AVE.	
CITY-STATE-ZIP	DAVIE FL	
TITLE	SD	☒ DELETE
NAME	SEITNER, BARBARA M	
STREET ADDRESS	7481 PLANTATION RD	
CITY-STATE-ZIP	PLANTATION, FL 00000	
TITLE	TD	☒ DELETE
NAME	SEITNER, ROBERT L	
STREET ADDRESS	7481 PLANTATION RD	
CITY-STATE-ZIP	PLANTATION, FL 00000	
TITLE	VD	☒ DELETE
NAME	MOODY, STEVE E.	
STREET ADDRESS	3501 S.W. 116 AVE	
CITY-STATE-ZIP	DAVIE FL	
TITLE	VD	☐ DELETE
NAME	HAMILTON, E. J.	
STREET ADDRESS	2901 W OAKLAND PK BLVD	
CITY-STATE-ZIP	FT LAUDERDALE FL	
TITLE	VD	☐ DELETE
NAME	HAMILTON, CAROLYN	
STREET ADDRESS	2901 W OAKLAND PK BLVD	
CITY-STATE-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	VICE PRESIDENT	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
2. TITLE	Vice President	☐ Change ☒ Addition
2. NAME	Lori Underwood	
3. STREET ADDRESS	3781 NW 24th Terr	
4. CITY-STATE-ZIP	Boca Raton FL 33431	
3. TITLE	Vice President	☐ Change ☒ Addition
3. NAME	Peter Hamilton	
3. STREET ADDRESS	4634 Gilhams Rd NE	
4. CITY-STATE-ZIP	Roswell, Ga 30075	
4. TITLE		☐ Change ☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE	President & Treasurer	☒ Change ☐ Addition
5. NAME		
5. STREET ADDRESS	15780 Sunward St	
5. CITY-STATE-ZIP	Wellington FL 33414	
6. TITLE	Secretary	☒ Change ☐ Addition
6. NAME		
6. STREET ADDRESS	15780 Sunward St	
6. CITY-STATE-ZIP	Wellington FL 33414	

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: *Carolyn T. Hamilton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carolyn T. Hamilton Sec.

2/27/96 305-484-7800 x121
DATE DAYTIME PHONE #

CR2E034 (12/95)