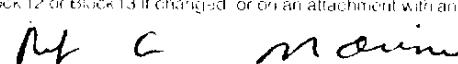


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 655116 (2) 1. Corporation Name BELLAIR TRAVEL AGENCY, INC.					
Principal Place of Business 1 CIRCLE OAKS TRAIL ORMAND BCH FL 32174 US			Mailing Address 1 CIRCLE OAKS TRAIL ORMAND BCH FL 32174 US		
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 02/06/1980 3a. Date of Last Report 08/11/1995 4. FEI Number 59-2240328 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 BOIRE, MARTIN C. 1 CIRCLE OAKS TRAIL ORMAND BCH FL 32174				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 types in pencil, name of registered agent and the corporation (Note: Registered Agent signature to report when times pass)					
12. OFFICERS AND DIRECTORS 11 TITLE NAME STREET ADDRESS CITY - ST - ZIP 12 NAME STREET ADDRESS CITY - ST - ZIP 13 NAME STREET ADDRESS CITY - ST - ZIP 14 NAME STREET ADDRESS CITY - ST - ZIP 15 NAME STREET ADDRESS CITY - ST - ZIP 16 NAME STREET ADDRESS CITY - ST - ZIP 17 NAME STREET ADDRESS CITY - ST - ZIP 18 NAME STREET ADDRESS CITY - ST - ZIP 19 NAME STREET ADDRESS CITY - ST - ZIP 20 NAME STREET ADDRESS CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 25 TITLE 26 NAME 27 STREET ADDRESS 28 CITY - ST - ZIP 29 TITLE 30 NAME 31 STREET ADDRESS 32 CITY - ST - ZIP 33 TITLE 34 NAME 35 STREET ADDRESS 36 CITY - ST - ZIP 37 TITLE 38 NAME 39 STREET ADDRESS 40 CITY - ST - ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 45 TITLE 46 NAME 47 STREET ADDRESS 48 CITY - ST - ZIP 49 TITLE 50 NAME 51 STREET ADDRESS 52 CITY - ST - ZIP 53 TITLE 54 NAME 55 STREET ADDRESS 56 CITY - ST - ZIP 57 TITLE 58 NAME 59 STREET ADDRESS 60 CITY - ST - ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7/26/96 904 673 4060 Date: Optional Phone #					

CR2E034 (3/96)