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 # **669926** **(8)**

1. Corporation Name

SALERNO VILLAGE TRAVEL, INC.

Principal Place of Business
Amy Busteed
C/O ~~PENELOPE HALSTEAD~~
5571 SOUTH FEDERAL HIGHWAY
STUART FL 34997

Mailing Address
C/O ~~PENELOPE HALSTEAD~~ Amy Busteed
5571 SOUTH FEDERAL HIGHWAY
STUART FL 34997

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **05/12/1980**
3a. Date of Last Report: **01/31/1995**

4. FEI Number: **59-2001434** ☐ 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

HALSTEAD, PENELOPE
5571 SOUTH FEDERAL HIGHWAY
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name: Amy L. BUSTEED
82 Street Address (P.O. Box Number is Not Acceptable): 3250 S.E. Willoughby Blvd.
83
84 City: STUART **FL** 85 Zip Code: 34994

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: Amy L Busteed — 3/30/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Required if Agent changes) — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, MARY L		1.2 NAME		
STREET ADDRESS	576 RIVERVIEW ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HALSTEAD, PENELOPE		2.2 NAME		
STREET ADDRESS	6531 S. FEDERAL HWY., B-112		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE	President	☒ Change ☐ Addition
NAME	BUSTEED, AMY L		3.2 NAME		
STREET ADDRESS	3161 S. KANNER HWY		3.3 STREET ADDRESS	3250 S.E. Willoughby Blvd.	
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP	STUART, FL 34994	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	000001768340	☐ Change ☐ Addition
NAME			5.2 NAME	-04/03/96--01086--015	
STREET ADDRESS			5.3 STREET ADDRESS	***200.00	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

JV 4.3

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: Amy L Busteed — 3/21/96 — (407)286-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)