## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 681015

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VICTORIA TRAVEL, INC.

FILED
Apr 29 1997 8:00am
Secretary of State



Principal Place of Business		Mailing Add	Mailing Address				n lottied Alitan ibitat fatter angett titter anter meter trans anter bestet distrit arters arters arters ander			
1217 N.E. 2N	Bregartner ND Street Dale FL 33301	1217 N.E. 21	% LINDA H. BREGARTNER 1217 N.E. 2ND STREET FT. LAUDERDALE FL 33301-1737							
TI. DIODENI	DALL IL WOOD	r to gureprorien					3. Date Incorporated or Qualified 08/05/1980		ate of Last F 15/1996	Report
2. Principal	Place of Business	2a. Mailing A	\ddress	• • • • • • • • • • • • • • • • • • • •			4. FEI Number		A	oplied For
21		26					59-2019107			ot Applicab
Suite, Apt		Suite, Ap	t #, etc.				5. Certificate of Status Desired			Additional equired
City & Sta	ate	City & St	ale				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip		Count	try		8. This corporation has liability for			
4	25	29		30	•			Yes [		, 100.QQL,
<u></u>	9. Name and Address of Cu		ent	]			10. Name and Address of New R	egistered	Agent	
BR	REGARTNER, LINDA H.			8	11	Name				
	17 N.E. 2ND STREET		1	١.	2	Stroot Adde	ress (P.O. Box Number is Not Accepta	bloi		<del></del>
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				16	4	City		FL	85 Zip	Code
11 Pursuan	at to the provisions of Sections 607	0502 and 607 1508 F	Iorida Stati	ites the ehr	wa aw	-named corr	poration submits this statement for the tion's board of directors. I hereby acceptance			ts register
SIGNATURE	Signature, typed or printed name of registere	ad agent and title if applicable	(NO	TE: Registered /	ger	nt signature requi	ried when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR	28 IN 12
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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 eath; 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

SENATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICE

ILINAN HI BREGARTNER

Ja APR 9-

465 - 8800