

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 # **855769** (6)

1. Corporation Name
HANNS EBENSTEN TRAVEL, INC.



Principal Place of Business Mailing Address
513 FLEMING ST. KEY WEST FL 33040

3. Date Incorporated or Qualified **03/11/1983** 3a. Date of Last Report **01/25/1995**
4. FEI Number **13-2729438** 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. Sub-Office #, etc. **#2** 26. State, Apt. #, etc. **#2**
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent
**EBENSTEN, HANNS
513 FLEMING ST.
KEY WEST FL 33040**

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 607.0505 and 607.1506, 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, which change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am thereon with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Hanns Ebensten* **HANNS EBENSTEN** **FEB 1, 1996**

12. OFFICERS AND DIRECTORS

12.1 NAME	P EBENSTEN, HANNS	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	314 PEACON LANE	
12.3 CITY, ST, ZIP	KEY WEST FL	
12.4 TITLE	ST	<input type="checkbox"/> DELETE
12.5 NAME	KENNY, BRIAN	
12.6 STREET ADDRESS	314 PEACON LANE	
12.7 CITY, ST, ZIP	KEY WEST FL	
12.8 NAME		<input type="checkbox"/> DELETE
12.9 STREET ADDRESS		
12.10 CITY, ST, ZIP		
12.11 NAME		<input type="checkbox"/> DELETE
12.12 STREET ADDRESS		
12.13 CITY, ST, ZIP		
12.14 NAME		<input type="checkbox"/> DELETE
12.15 STREET ADDRESS		
12.16 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST, ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 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, the receiver or trustee or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE: *Hanns Ebensten* **HANNS EBENSTEN** **FEB 1, 1996** (30) **294-8174**

CR2E034 (12/95)