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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1997 8:00am

Secretary of State

Daytime Frione #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00851

(8)

ORANGE	BELT TRAVEL OF BARTO	ow, Inc.				 			
Principal Plac	e of Business	Mailing Address		***********		I (QQ) QQ (III) QFERF QQQB) 70 QQ AIFQ	: IND: BIBIL BIBIL RIBIL BIBIL BIBIL BIBIL BIBIL		
1690 NORTH BROADWAY C/O JAMES A. ZINK BARTOW FL 33830		1690 NORTH BROADWAY C/O JAMES A. ZINK BARTOW FL 33830-3100							
						 Date Incorporated or Qualif 10/08/1980 	ied 3a. Date of Last Report 07/02/1996		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied F	or	
21		26				59-2058634	↑ . · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, etc. 22		Suite, Apt #, etc	Suite, Apr. #, etc.			5. Certificate of Status Desired See Required Fee Required			
City & Stat	0	City & State				6. Election Campaign Financir		e	
23		28				Trust Fund Contribution	Added to Fees		
7ip	Country	Zip	<u> </u>	Country			for intangible tax under s. 199.03 Yes No	32,	
24	[25] [29] 9. Name and Address of Current Registered Agent		30	<u>'1 </u>	,	Florida Statutes			
ZINK	, JAMES A.			81	Name				
1690	NORTH BROADWAY			82	Street Add	Iress (P.O. Box Number is Not Acce	ptable)		
BART	TOW, FL. EF 33830			100			·		
				83					
6		()		84 City			FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Stat on familiar with, and accept the oblig	02 and 607.1508, Elorida 5	tatutes,	the above	-named cor	poration submits this statement for	he purpose of changing its regist	ered	
agent La	registated agent, or both, in the State on familiar with, and accept the oblid	ations of Section 607.050	was autr 5, Florid	a Statutes	r the corpora L	mon's board of offectors, I hereby a	ccept the appointment as register	iea	
SIGNATURE) structed	< k					4897		
12.	greature by color printed name of a stered ag	perhad tile if applicable ND DIRECTORS	(NOTE: Re	egistered Age	nt signature requi	ired when reinstating) ADDITIONS/CHANGES TO C	FFICERS AND DIRECTORS IN 12	>	
/til.€	DP /	DELETI		1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Ad		
NAME	ZINK, JAMES A			1.2 NAME					
STREET ADDRESS	1690 NORTH BROADWAY			1.3 STREET	ADDRESS				
City - \$1 - 7/P	BARTOW, FL 00000			14 CITY-S	T-ZIP				
TillE	DADOLEY DIAVE M	⊠ DELETI		2.1 TITLE			☐ Change ☐ Ad	ddition	
NAME	PARSLEY, BLAKE M. 1309 BRANDONWOOD DR.			2.2 NAME					
STREET ADDRESS	BRANDON FL			2.3 STREET			•		
CITY - ST - Z(F)	DIVIDONIC	DELETI		2. 4 City - S 3.1 TITLE	11-211		☐ Change ☐ Ac	ddition	
NAME				3.2 NAME					
STREET ADORESS				3.3 STREET	ADDRESS				
CITY-ST-7IP				3.4. CITY-5	IT-ZIP				
TIFE		☐ DELETI		4.1 TITLE			☐ Change ☐ Ad	Idition	
NAME				4. 2 NAME					
STREET ACURESS				4.3 STREET					
0/fr - St - Z/P 1/1/LF		DELET		4.4 CITY-S 5.1 TITLE	1 - ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Ac	ddition	
NAME				5.2 NAME					
STREET ADDRESS				5.9 STREET	ADDRESS				
CITY - \$1 - ZIP				5.4 CITY-S					
TILLE		☐ DELETI		6.1 TITLE	<u> </u>		Change Ac	ddition	
NAMÉ				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				

14. I do hereby cert ly 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 the 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 ham an officer or director of the corporation or the receiver or true elempowered 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.

WEQUIMED A.