FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUM	ИF	NT :	# F	227	84

PROFESSIONAL TRAVEL, INC. Proceed Place of Business	DOCUN 1. Corporation	MENT # F22784	(5)					
Thirtings Place of Business	·							;
Perceptif Place of Exements Making Address 123 S DALE MARPY HWY TAMPA FL 30529-5008 US								
TAMPA FL 30629-5008 US S. Date berry provided or Quality S. Date berry provided or Q	Principal Place	of Business	Mailing Address				181 BIBII BIBII Bib ii Bibi	A BUDU BABU UBR
S. Disch incorrected or Custed Sa. Discret is an Exposure Discret Di				I WY				<u> </u>
Principal Place of Business 2s. Mailing Address 2s. Mailing Address 3s. Mailing Address 4s. Filthumbre 59-2070916 1co Applicable		Z#-30U0				2 Date Incorporated or Qualified	Tan Date of Last	Roord
2. Principle Paper of Equipments 2. Mailing Advises 5. Suffice April 17. 2. Suffice April 27. 5. Suffice								
Salto, April, etc. Salto, April, etc. Suite, April, etc. Solte, etc. Solte, April, etc. Solte, etc. Solte, etc. Solte, e	2. Principal Pla	ce of Business	2a. Mailing Address					
Fee Required School State Scho	21					59-2070916		
Coy & State Country Zip Country Zip Country Zip Country Signature Bi Name Bi Name		, etc.				5. Certificate of Status Desired	T	
Zp						6. Election Campaign Financing		
Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 13, Name 14, Name and Address of New Registered Agent 14, Name and Address of New Registered Agent 15, Name	23							
### BINATION OF CAROL S. 1529 S. DALE MARRY HWY PROFESSIONAL TRAVEL INC TAMPA PL 33629 ### City ### Comparison of Sections 607.0502 and 607.1508. Floridal Statutes, the above named corporation submiss this statement for this prayress of changing its registered difference or registered agent, or both, in the State of Professional Statutes. The above named corporation submiss this statement for this prayress of changing its registered difference or registered agent, or both, in the State of Professional Statutes. The above named corporation submiss this statement for this prayress of changing its registered difference or registered agent, and a close plant or displacement of Professional Statutes. #### SIGNATURE ### OFFICERS AND DIFECTORS ### DEEP			<u>├</u> ┐ '	<u> </u>	i	1		s 199.032,
MUROFF, CAROL S. 1529 S. DALE MARRY HWY PROFESSIONAL TRAVEL INC TAMPA FL 33629 84 Oity FL 85 Zep 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 diffice or registered agent, or both, in the State of Florida. Such change was authorized by the components is board of directors. I hereby accept the approximent as registered agent, and accept the origination of societion 607,0505, florida Statutes, the above named corporation is board of directors. I hereby accept the approximent as registered agent, I am I ramine with, and accept the origination of origination shared by the components in board of directors. I hereby accept the approximent as registered agent. I am I ramine with, and accept the origination of origination shared agent. I am I ramine with an adversary of the origination of the purpose of change agent and I ramine with an adversary of the origination of the purpose of changes agent agent. I am I ramine with an adversary of the purpose of changes agent agent. I am I ramine with a registered or precision of the registered agent.	24			1301				一边
152 S. DALE MARRY HWY PROFESSIONAL TRAVEL INC TAMPA FL 33829 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Fields Statutes, the above named corporation's samilar this statement for the number of changing its registered diffication or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the approximent as registered diffication or designation of Sections 607.0505, Florids Statutes. SIGNATURE				81	Name			
### City ####################################				82	Street Addr	ess (P.O. Box Number is Not Acceptab	e)	
TAMPA FL 33629 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the alloues named corporations submits this statement for the purpose of champing its registered diffication or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accorpt the appointment as registered agent. I am included the provisions of provisions of provisions of provisions and authorized by the corporation's board of directors. I hereby accorpt the appointment as registered agent. I am includes the provisions of provisions and authorized by the corporation's board of directors. I hereby accorpt the appointment as registered agent. I am includes the provisions of provisions and authorized by the corporation's board of directors. I hereby accorpt the appointment as registered agent. I am includes a provision of provisions and authorized by the corporation's board of directors. I hereby accorpt the appointment as registered agent. I am includes a provision of the provision and accorpt agent and a provision and accorpt agent agen				83				
The present to the previous of Sections 607 (0502 and 607 1508. Fluids Statutes, the above named corporation is alrents this statement for the prayeser of changing its registered office or registered agent, or both in the State of Florids. Such change was adjustment by the corporation's board of directors. Therefore accept the approximent as registered agent. Leminor from the prayeser of changing its registered diffeet framework with an advanced the obligations of, Section 607 (0505, Florids Statutes.) SIGNATURE THE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO GET ICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO GET ICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO GET ICERS AND DIRECTORS IN 12. THE CONTROL IS IN 12.								<u>D</u>
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. Lam: familiar with, and decept the obligations of yelden of yelden agent and the agent agent and the agent agent agent. Lam: familiar with, and decept the obligations of yelden of yelden agent agent agent. Lam: familiar with, and decept the obligations of yelden agent agent. Lam: familiar with, and decept the obligations of yelden agent agent. Lam: familiar with a gent agent agent agent. Lam: familiar with a gent agent agent agent. Lam: familiar with a gent agent a	Traini 23 T	L 000L0		84	City		FL 85	Zip Code
SIGNATURE	11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above-	named corpor	ration submits this statement for the purport of directors. I hereby accept the appro-	oose of changing its	registered office
12	familiar with	n, and accept the obligations of, Section	on 607.0505, Florida Statutes.					
TILE	SIGNATURE _	Signature, typed or printed name of registered agent a	nd tine if applicable (NO	TE: Registered Agr.	nt Signature require	d when renstamed	DATE	
MUROFF, CAROL S 12 NAME 13 SIREET ADDRESS 13 SIREET ADDRESS 13 SIREET ADDRESS 14 COTY - 51 - 2P	12.			13.		ADDITIONS/CHANGES TO OFFI		
SPREET ADDRESS SO BAYSHORE 13 STREET ADDRESS 14 CHY-ST-ZIP 15 CHY-	j	•	DELETE				Change	a
TAMPA FL								
Thile								Ī
NAME		INMIAIL	DELETE		51 - ZIP		☐ Change	a Add-tion
24 City - St - ZiP								
TITLE	STREET ADDRESS			2 3 STREE	I ADDRESS			
NAME 32 NAME STREFT ADDRESS 23 STREFT ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Add-tion NAME 42 NAME STREFT ADDRESS CITY-ST-ZIP Change Add-tion TITLE DELETE 5 1 TITLE Change Add-tion NAME 52 NAME STREFT ADDRESS CITY-ST-ZIP Change Add-tion STREFT ADDRESS 53 STREET ADDRESS CITY-ST-ZIP Change Add-tion TITLE DELETE 6 1 TITLE Change Add-tion NAME 61 CITY-ST-ZIP Change Add-tion NAME 62 NAME 63 STREET ADDRESS Change Add-tion STREET ADDRESS 64 CITY-ST-ZIP Change Add-tion 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	CITY-ST-ZIP			2 4 CITY - 1	ST-ZIP			
STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-ZIP 34 CITY-ST-ZIP 34 CITY-ST-ZIP Add-tion	TITLE		☐ DELETE	3. 1 TITLE			Change	de
City - St - Zip	NAME							
TITLE	1							
NAME STREFT ADDRESS CITY-ST-ZIP A4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE S 2 NAME STREFT ADDRESS CITY-ST-ZIP TITLE S 3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addrtion NAME STREFT ADDRESS CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addrtion NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addrtion Addrtion NAME STREET ADDRESS CITY-ST-ZIP 6 4 CITY-ST-ZIP 14, I do hereby certify that the information supplied with this filing is voluntarity furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further			I''I DELETE		SI · ZIF		Change	e [] Add-tion
STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE 5.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.4, 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								
CITY-ST-ZIP TITLE DELETE 5 1 TITLE Change Add-tion NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6 1 TITLE TITLE 6 Add-tion NAME STREET ADDRESS 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	1				I ADDRESS			
TITLE DELETE 5 1 TITLE NAME 5 2 NAME STREET ADDRESS CITY - ST - ZIP TITLE DELETE 6 1 TITLE Add-tion Add-tion Fig. 1 Add-tion Add-tion Add-tion Add-tion Add-tion Add-tion Add-tion NAME STREET ADDRESS CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarity furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further								
STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Add/dion NAME STREET ADDRESS CITY-ST-ZIP 6 4 CITY-ST-ZIP 6 4 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			☐ DELETE	5 1 TITLE			Change	a 🔲 Addition
CITY-ST-ZIP 54 CITY-ST-ZIP 10 DELETE 6 1 TITLE 6 1 TITLE Change Addition 62 NAME STREET ADDRESS CITY-ST-ZIP 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	NAME			5.2 NAME				
TITLE NAME STREET ADDRESS 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	STREET ADDRESS			5 3 STREE	I ADDRESS			
NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 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					ST - ZIP			. [] Addition
STREET ADDRESS 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			☐ DELF IF				[] Change	: Magripon
CITY-S1-ZIP 6 4 CITY-S1-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								
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	Į.	•						
coeffix 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	14. I do hereby	certify that the information supplied w	ith this filing is voluntarily furni	ished and doe	s not qualify f	or the exemption stated in Section 119.	07(3)(k), Florida Stat	utes. I further

octary that the information indicated on this armual report or supplemental armual 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: _ COURS MUNOS CAROL S. MUROFF, President 1-14-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 25 5 6 9900