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**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F31245

(6)

1. Corporation Name

SEA GULL TRAVEL, INC.

Principal Place of Business

**7544 ESTRELLA CR
C/O ALBERT SIEGEL
BOCA RATON FL 33433**

Mailing Address

**7544 ESTRELLA CR
C/O ALBERT SIEGEL
BOCA RATON FL 33433**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**SIEGEL, ALBERT
7544 ESTRELLA CR
BOCA RATON FL 33433**

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 607.02(2) 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, thereby accepting the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.02(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

Date

OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

2. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

8. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

9. TITLE

NAME

STREET ADDRESS

CITY-STATE-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 118.07(4)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplementary statement 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 as an attachment with an address.

SIGNATURE: Albert Siegel - ALBERT SIEGEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 (407) 391-5566

CR2E034 (12/95)