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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

(6)

CELDII TOAVEL CEDVICE INC

SELBIL TRAVEL SERVICE, INC.									
Principal Place	of Business	Mailing Address				) (##164## bitt statt matte rian bitt in	81 81811 WIÐI		1 21211 91311 1981
% WILLIAM S 3785 N. E. 16 N MIAMI BEA	STREET		% WILLIAM STURM 3785 N. E. 163RD STREET N. MIAMI BEACH FL 33160				•	<del></del>	
17 mirimi pariori 15 sprop								ate of Last Report 04/19/1995	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number			Applied For
21 26						59-2088456		Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	·-1			5. Certificate of Status Desired	d S8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing		\$5.0	00 May Be
23		28		<u> </u>		Trust Fund Contribution			ed to Fees
Zip			H	Country		8. This corporation has liability for int		x under s	199.032,
24	25	[29]	30			Florida Statutes  Yes  10. Name and Address of New Re	□ No	laant	
	9. Name and Address of Currer	nt Hegistered Agent		81	Name	IU. Name and Adoress of New Ne	gistered /	Agein.	
A									
STURM, WILLIAM 3785 N. E. 163RD STREET				82	Street Addr	ess (P.O. Box Number is Not Acceptable	)		
-	BEACH FL 33160			83					
ia waxwi	BEACH I'L 33100							lor I	'ıp Code
				84	City		FL	85 2	ap Gode
SIGNATURE _	Signature is pedion profestinamenthe green bayer OFFICERS AN	ta il wei assi-ale (N' ID DIRECTORS	THE Bogoderor	Agen	signature respire	awherenstates ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECT	ORS IN 12
TITLE	DP	☐ DELETE						] Change	Addition
NAME	STURM, SELMA								
STREET ADDRESS	1913 S OCEAN DR #428		135	TAFFT	ACIDRESS				
CITY - ST - ZIP	HALLANDALE, FL 00000	F7 octors			- ZIP			T Change	- Addison
TITLE	DP	☐ DELETE 2					L	] Change	Addition
NAME DEDECT ASSESSES	STURM, WILLIAM 1913 S OCEAN DR #428		22N		ADORESS				
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NAME			62 M						
STREET ADDRESS	I .		<b>■</b> € 2 €	COFFE	ADDRESS				
CITY - ST - ZIP				ilty - S	ł.				

certify that the information indicated on this angula 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 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:

Collian Sturm - President

April 22,1996 305-947-2999