

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F67513 (4)

1. Corporation Name

DIVERSIFIED TRAVEL, INC.



Principal Place of Business

Mailing Address

8900 NW HWY 27  
STE 101  
OCALA FL 34482  
US

P O BOX 770252  
SUITE 101  
OCALA FL 34477-0252  
US

2. Principal Place of Business

2a. Mailing Address

21 1550 SW 60 Ave

26 Suite, Apt #, etc.

22 Suite, Apt #, etc.

27 Suite, Apt #, etc.

23 City & State Ocala FL

28 City & State

24 Zip 34474 Country MARION

29 Zip Country

30

3. Date Incorporated or Qualified

02/17/1982

3a. Date of Last Report

08/25/1995

4. FEI Number

59-2164121

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

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No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEINER, LEONARD, ESQ.  
621 S FEDERAL HWY #9  
FT. LAUDERDALE FL 33301

81

Name ERNETTE R. HARING

82

Street Address (P.O. Box Number is Not Acceptable)  
13525 NW 70 ST

83

84

City Ocala

FL

85

Zip Code 32668

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 office 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. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE

Ernette R. Haring

Ernette R. Haring

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME WOZNAK, TED R.  
STREET ADDRESS 13525 NW 70 ST  
CITY - ST - ZIP Ocala FL

☐ DELETE

TITLE ST  
NAME FISHER, DONNA LORRETT  
STREET ADDRESS 13525 NW 70 ST  
CITY - ST - ZIP Ocala FL

☐ DELETE

TITLE P  
NAME HARING, ERNETTE R  
STREET ADDRESS 13525 NW 70 ST  
CITY - ST - ZIP Ocala FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ernette R. Haring

Ernette Haring June 11 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

302873-1541

CR2E034 (3/96)