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

## Jun 05 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Wortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** F80165 (6)WORLD TRAVEL CLUB, INC. Principal Place of Business Mailing Address 1100 N HOMESTEAD RD 1100 N HOMESTEAD RD LEHIGH ACRES FL 33936 **LEHIGH ACRES FL 33938** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/06/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2191672 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name POWELL, HARRY C., JR. 1100 N HOMESTEAD RD 82 Street Address (P.O. Box Number is Not Acceptable) LEHIGH ACRES FL 33936 83 84 City Zip 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 office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I herebyjaccent the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.000, Florida Statutes. i, and accept the ob **SIGNATURE** Signatu (NOTE: Registered Agout signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition Addition TITLE 1.1 TITLE POWELL, HARRY C., JR. 1.2 NAME NAME 1100 N HOMESTEAD RD 1.3 STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE GOFF, DAVID E. 2.2 NAME NAME STREET ADDRESS 1100 N HOMESTEAD RD 2.3 STREET ADDRESS **LEHIGH ACRES FL** CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE ■ Addition Change 31 TITLE TITLE ANGLICKIS, RUTH A. NAME 32 NAME 1100 N HOMESTEAD RD 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 3.4 CITY-ST-ZIP ☐ Addition DELETE Chance 4.1 117LE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Addition 5.1 TITLE Change TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE 5000025501**6**5 6.2 NAME NAME -06/08/98--01006--011 STREET ADDRESS 6.3 STREET ADDRESS \*\*\*150.00 6.4 CITY-S1-ZIP CITY-ST-ZIP 14. Thereby certify 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 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 tho 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

FILED