

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1986.  
AMOUNT DUE ON OR BEFORE 8/9/86: \$225 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
95 JUL 10 AM 11  
SECRETARY OF  
TALLAHASSEE

DOCUMENT # F92408 (6)

1. Corporation Name

AROUND THE WORLD TRAVEL OF SOUTHERN FLORIDA, INC.

Principal Place of Business

#2-16520 S TAMMAM TRAIL  
FT. MYERS FL 33908

Mailing Address

#2-16520 S TAMMAM TRAIL  
FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/28/1982

3a. Date of Last Report

10/05/1994

2. Principal Place of Business

21 16520 S. TAMMAM TRAIL

2a. Mailing Address

26 16520 S. TAMMAM TRAIL

4. FEI Number

59-2807918

Not Applicable

Suite, Apt. #, etc.

22 #7

Suite, Apt. #, etc.

27 #7

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 FT. MYERS FL

City & State

28 FT. MYERS FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

24 33908

Country

25 LEE

Zip

29 33908

Country

30 LEE

8. This corporation has liability for intangible tax under s. 159.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LUTHRINGER, MARIKA A  
967 BEACH RD  
SANIBEL FL 33957

10. Name and Address of New Registered Agent

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V  
LUTHRINGER, MARIKA A  
967 BEACH RD  
SANIBEL FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P  
LUTHRINGER, PAUL J  
967 BEACH RD  
SANIBEL FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marika Luthringer MARIKA LUTHRINGER

6/12/95 8/3-433-1660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone