

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 30 AM 8:30

DOCUMENT # F93000003007 (2)

1. Corporation Name

ELKIN TRAVEL, INC.

Principal Place of Business

**ELKIN TRAVEL
885 E. PALMETTO PARK
BOCA RATON FL 33432
US**

Mailing Address

**6245 WILLOW ROAD
WEST BLOOMFIELD MI 48324**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/30/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

38-2271562

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

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**NATHAN, PETER A ESQ.
1555 PALM BEACH LAKES BLVD., SUITE 1510
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05

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 the officer)

(If 11b. Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GORDON, ARNOLD M ESQ.
STREET ADDRESS	18411 W. TWELVE MILE ROAD
CITY - ST - ZIP	SOUTHFIELD MI 48076-2663
TITLE	D
NAME	TABACK, GARY A ESQ.
STREET ADDRESS	2000 TOWN CENTER, SUITE 900
CITY - ST - ZIP	SOUTHFIELD MI 48075-1100
TITLE	DPT
NAME	LANGWALD, ANNETTE
STREET ADDRESS	6245 WILLOW ROAD
CITY - ST - ZIP	WEST BLOOMFIELD MI 48324
TITLE	DS
NAME	SHANBROM, DORIS
STREET ADDRESS	6896 BEVERLY CREST DRIVE
CITY - ST - ZIP	WEST BLOOMFIELD TOWNSHIP MI 48322
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - 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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with amendments.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature (Typed or printed name of registered agent and the officer)