2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

PO BOX 551260 JACKSONVILLE FL 32255

3 Mailing Address

US

F94007 DOCUMENT

1. Entity Name

Principal Place of Business

2 Principal Place of Business

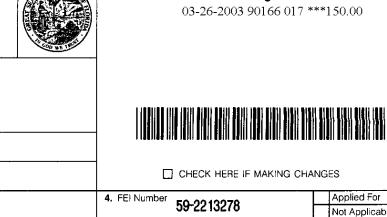
6299-8 POWERS AVE

JACKSONVILLE FL 32207

WORLD TRAVEL SHOWCASE, INC.



FILED Mar 26, 2003 8:00 am Secretary of State



21 Time part table of Basinese			J. Walling / Idah 555								
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State	City & State			4. FEł Number 59-2213278			oplied For ot Applicable	
Zip		Country	Zip	Countr	у				8.75 Additional se Required		
	6. Name	and Address of Curren	Registered Agent			7. N	lame and Address of New Regis	tered Age	ńt		
ANSBACHER, LEWIS					Name						
5150 BELFORT ROAD					Street Address (P.O. Box Number is Not Acceptable)						
BULIDING		•		T T							
		2050									
JACKSONVILLE FL 32256					City FL Zip Code					е	
	tions of regist	,				egistered age	ent, or both, in the State of Florida	. I am fami	liar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	Les	OFFICERS AND		11.		AD	DITIONS/CHANGES TO OFFICER				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		A, ERIC WERS AVE VILLE FL 32217	₹ Delete	TITLE NAME STREET CITY-S	FADDRESS ST-ZIP	1 1-	- -		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GEFEN, SIDNEY J 6299-8 POWERS AVE JACKSONVILLE FL 32217		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS C	JPST Belen 299-5 Jacks	Sidney Howers Avenus Sonville, FL 33	¥ 2Z17	Change	Addition	
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TITLE NAME STREET ADORESS			☐ Delete	TITLE NAME STREET	ADDRESS				Change	☐ Addition	

I hereby certify that the information supplied with his 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 report or supplemental 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with applications, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

NAME

☐ Delete

Daytime Phone #

Change

Addition