


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

FILED
May 19 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # F96000000654 (1) 1. Corporation Name JCL TRAVEL, INC. | | |

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| Principal Place of Business 3680 NE 13TH AVE. FT. LAUDERDALE FL 33334 | Mailing Address P.O. BOX 23235 FT. LAUDERDALE FL 33307 |
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DO NOT WRITE IN THIS SPACE

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|--|--|--|--|--|--|
| 2. Principal Place of Business 21 4108 Cedar Creek Rd Suite, Apt. #, etc. 22 Boca Raton City & State 23 FL Zip 24 33487 | | 2a. Mailing Address 25 P.O. Box 23235 Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale FL 33307 Zip 29 33307 | | 3. Date Incorporated or Qualified 02/08/1996 | |
| 26 | | 26 | | 4. FEI Number 58-2024253 | |
| 27 | | 27 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 28 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 29 | | 29 | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent SOKOLIC, JULIA 3680 NE 13TH AVE. FT. LAUDERDALE FL 33334 | | 10. Name and Address of New Registered Agent 81 Name JULIA T. SOKOLIC 82 Street Address (P.O. Box Number is Not Acceptable) 3680 N.E. 13th Ave 83 84 City Fort Lauderdale FL 85 Zip Code 33487 | |
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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 *Julia T. Sokolic* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | CDPT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOKOLIC, JULIA T | 1.2 NAME | |
| STREET ADDRESS | 3680 NE 13TH AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33334 | 1.4 CITY-ST-ZIP | |
| TITLE | Vice President <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NATHAN D. SOKOLIC | 2.2 NAME | |
| STREET ADDRESS | 4108 CEDAR CREEK RD 33487 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON, FL 33387 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby 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 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 *Julia T. Sokolic* 5/6/98 361/988-0677

CP2E034 (10/97)