

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G22017 (9)

1. Corporation Name

TRAVEL BY RUSTY, INC

Principal Place of Business

3909 NE 163RD ST
SUITE 205
N MIAMI BEACH FL 33160
US

Mailing Address

3909 NE 163RD ST
SUITE 205
N MIAMI BEACH FL 33160
US



3. Date Incorporated or Qualified
01/04/1983

3a. Date of Last Report
05/16/1995

4. FEI Number

59-2242822

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ATCOEL, STANLEY, ESQ.~~
~~1804 W. 63RD AVE. RD. #115~~
~~N MIAMI BEACH FLORIDA 33140~~

81 Name

MR MORTON BROWN 90 Fowler, white

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

100 SOUTH EAST SECOND STREET

83

SEVENTH FLOOR

84 City

MIAMI FL

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0500 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 607.1500, Florida Statutes.

SIGNATURE

Signature, typed or printed name of principal officer or director, if applicable

Signature, typed or printed name of new registered agent, if applicable

4/23/96

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GOODSTEIN, MICHAEL
STREET ADDRESS 3941 N.E. 163RD STREET
CITY-ST-ZIP NORTH MIAMI FL

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3909 NE 163 ST
SUITE 205

☒ Change ☐ Addition

TITLE VSPS
NAME GOODSTEIN, BETH
STREET ADDRESS 3941 N.E. 163RD STREET
CITY-ST-ZIP NORTH MIAMI FL

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3909 NE 163 ST
SUITE 205

☒ Change ☐ Addition

TITLE TD
NAME GOODSTEIN, RONNIE
STREET ADDRESS 3941 N.E. 163RD STREET
CITY-ST-ZIP NORTH MIAMI FL

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3909 NE 163 ST
SUITE 205

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 119.07(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: Michael B. Goodstein PRESIDENT

4/22/96

305
944-0666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)