

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

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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33160-4126
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/04/1983

3a. Date of Last Report

04/29/1996

4. FEI Number

59-2242822

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**BROWN, MORTON C WHITE E
100 SE 2ND ST 7TH FLOOR
MIAMI FL 33131**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

☐ DELETE

NAME

**PD
GOODSTEIN, MICHAEL**

STREET ADDRESS

3909 NE 163 ST STE 205

CITY-ST-ZIP

NORTH MIAMI FL

TITLE

☐ DELETE

NAME

**VSPS
GOODSTEIN, BETH**

STREET ADDRESS

3909 NE 163 ST STE 205

CITY-ST-ZIP

NORTH MIAMI FL

TITLE

☐ DELETE

NAME

**TD
GOODSTEIN, RONNIE**

STREET ADDRESS

3909 NE 163 ST STE 205

CITY-ST-ZIP

NORTH MIAMI FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NORTH MIAMI Bch FL 33160

**VSPS
MAND-ELBERG, BETH
3909 NE 163 ST STE 205
NORTH MIAMI Bch FL 33160**

**TD
LASTER, RONNIE
3909 NE 163 ST STE 205
NORTH MIAMI Bch FL 33160**

14. I do 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:

Michael B. Goodstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97
Date

305-944-0666
Daytime Phone

CR2E034 (9/96)