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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G44254** (2)

1. Corporation Name

COSMOPOLITAN TRAVEL, INC.



Principal Place of Business

Mailing Address

**HARLEY HOTELNN
151 E. WAHSINGTON, SUITE 1
ORLANDO FL 32801**

**HARLEY HOTELNN
151 E. WAHSINGTON, SUITE 1
ORLANDO FL 32801**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERNYS, PATRICIA
304 RIDGEWOOD ST.
ALTAMONTE SPRINGS FL 32801**

81 Name

Patricia A. Bernys

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

4227 Shades Crest Ln.

83

84 City

SANFORD

FL

85 Zip Code

32773

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

Patricia A. Bernys, President

3-18-96

Signature typed or printed name of registered agent and title if applicable

Signature typed or printed name of new registered agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **BERNYS, PATRICIA**
STREET ADDRESS **304 RIDGEWOOD ST. EAST**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **TSV** ☒ DELETE

NAME **BERNYS, ROBERT**
STREET ADDRESS **304 RIDGEWOOD ST. EAST**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

PST Bernys, Patricia
4227 Shades Crest Ln
SANFORD, FL 32773

DIRECTOR Helen A. Burns
1303 MICHIGAN AVE
NAPLES, FL 33940

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: *Patricia A. Bernys Pres.* March 19, 1996 - 407 422 7944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)