

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90292 017 \*\*\*150.00

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DOCUMENT # G48274

1. Corporation Name

~~MOTELS OF FLORIDA REALTY, INC.~~

World Choice Travel, Inc.

Principal Place of Business  
748 LAGOON DR  
NORTH PALM BEACH FL 33408

Mailing Address  
748 LAGOON DR  
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 721 U.S. Hwy 1, Suite 220  
Suite, Apt. #, etc.

22 N. Palm Beach  
City & State

23 FL 33408  
Zip

24 33408 Country U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/11/1983

4. FEI Number

59-2317096

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCINTOSH, NANCY  
748 LAGOON DR  
NORTH PALM BEACH FL 33408

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 PST ☐ DELETE

NAME MCINTOSH, NANCY  
STREET ADDRESS 748 LAGOON DRIVE  
CITY-ST-ZIP NORTH PALM BEACH FL

TITLE D ☒ DELETE

NAME MCINTOSH, NANCY  
STREET ADDRESS 748 LAGOON DRIVE  
CITY-ST-ZIP NORTH PALM BEACH FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~MCINTOSH, NANCY~~ V/S/D ☒ Change ☐ Addition

1.2 NAME NANCY M. MCINTOSH  
1.3 STREET ADDRESS 721 U.S. Hwy 1, Suite 220  
1.4 CITY-ST-ZIP N. Palm Beach, FL 33408

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Gregory E. McIntosh  
3.3 STREET ADDRESS 721 U.S. Hwy 1, Suite 220  
3.4 CITY-ST-ZIP N. Palm Beach, FL 33408

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Stephen E. McIntosh  
4.3 STREET ADDRESS 721 U.S. Hwy 1, Suite 220  
4.4 CITY-ST-ZIP N. Palm Beach, FL 33408

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Jean M. WROBLEWSKI  
5.3 STREET ADDRESS 721 U.S. Hwy 1, Suite 220  
5.4 CITY-ST-ZIP N. Palm Beach, FL 33408

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

NANCY M. MCINTOSH  
V. Pres.

Date

Daytime Phone #

561-845-8856

CR2E034 (11/98)