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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H00044

(8)

CORPORATE TRAVEL DESK, INC.

FILED	
May 08 1997 8:00am	l
Secretary of State	

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Principal Place	or Extended	Maiii				1			
1800 2ND STRE STE - 853			MAIN ST., SUITE B ASOTA FL 34237-808						
SARASOTA FL S US	34236-5907					3. Date incorporated or Qualified 04/18/1984		e of Last 1/1996	Report
	ace of Business		Mailing Address			4. FEI Number) 	Applied For
21		[26]	1 A H			59-2421616			ot Applicable
Suite, Apt #		27	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	1	28	City & State			Election Campaign Financing Trust Fund Contribution			May Be
7 _{ip}	Country		?ip	Count	ry	8. This corporation has liability for	intangible t	ax under	
24	25 9. Name and Address	of Current Register	red Agent	30		Florida Statutes 10. Name and Address of New Re	Yes [
D 4 DT			rou Agent		1 Name	10, Italia and Address of New Ne	Albinian V	Agui	
2033	rlett, Charles J., e: Main St. Ste. 600 asota Fl 34237	ou.		B:		dress (P.O. Box Number is Not Acceptab	ole)	, <u>,_</u> =u,	
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				8	4 City			85 Zip	Code
							FL	<u> </u>	
	m familiar with, and accep	t the obligations of, S	Section 607.0505, F	s authorized t Florida Statute	by the corpora es.	rporation submits this statement for the patient's board of directors. I hereby acceptation's			.
SIGNATURE	Signature Typing or primed name of		applicable. (NO	OTE: Registered A		uired when reinstating)	DATE		
SIGNATURE	Signature Typing or primed name of	registered agent and title if a	applicable. (NO		gent signature requ		DATE CERS AND		RS IN 12
SIGNATURE 12.	Signature hypers or proved have end OFF PD DICKINSON, GARY	registered agent and title if a	applicable. (NO	OTE: Registered A	gent signature requ	uired when reinstating)	DATE CERS AND	DIRECTO	RS IN 12
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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 have no director of the corporation or the receiver or trusten 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:

NATURE AND TYPED OR PROTED NAME OF BIGNING OFFICER OR DIRECTOR

15 DOKWAN

PPHATAPE

941957 4786

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