FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 8:07

DOCUMENT # H02275 (6)

1. Corporation Name
CENTRAL FLORIDA TRAVEL, INC.

Principal Place of Business	Mailing Address
411 E VINE ST KISSIMMEE FL 34744-4233	411 E VINE ST KISSIMMEE FL 34744-4233

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/07/1984
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2410407 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NURALI, LADHA
411 E. VINE ST.
KISSIMMEE FL 34744

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☐ Change ☐ Addition
NAME	LADHA, NURKHANU	12 NAME	LADHA NURALI	
STREET ADDRESS	411 E VINE ST	13 STREET ADDRESS	411 E Vine ST	
CITY-ST-ZIP	KISSIMMEE FL	14 CITY-ST-ZIP	Kissimmee FL	
TITLE	V	21 TITLE	V	☐ Change ☐ Addition
NAME	LADHA, NURALI	22 NAME	LADHA SHEAMIN	
STREET ADDRESS	411 E VINE ST	23 STREET ADDRESS	411 E Vine ST	
CITY-ST-ZIP	KISSIMMEE FL	24 CITY-ST-ZIP	Kissimmee FL	
TITLE	T	31 TITLE	T	☐ Change ☐ Addition
NAME	VISRAM, SALINA	32 NAME	VISRAM SALINA	
STREET ADDRESS	411 E. VINE SR	33 STREET ADDRESS	411 E Vine ST	
CITY-ST-ZIP	KISSIMMEE FL	34 CITY-ST-ZIP	Kissimmee FL	
TITLE	S	41 TITLE	S	☐ Change ☐ Addition
NAME	AMIN, VISRAM	42 NAME	AMIN VISRAM	
STREET ADDRESS	411 E. VINE ST	43 STREET ADDRESS	411 E Vine ST	
CITY-ST-ZIP	KISSIMMEE FL	44 CITY-ST-ZIP	Kissimmee FL	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: _____ June 2 1995 (407) 846-0188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0376127 CP