FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(5)

1. Corporation Name AIR, LAND AND SEA TRAVEL AGENCY, INC.

Principal Place of Business Mailing Address								1811 BIBIT BIBI	* G(G1) B(G1) 1990	
	ORLANDO AVENUE IGH FL 32804	24 NORTH OR COCOA BEAC	LANDO AVENUE 1 FL 32804	•						
						3. Date Incorporated or Qualified 07/18/1984		of Last Re 09/22/19		
2. Principal Place of Business 2a. Mailing Additi			1838			4. FEI Number		Applied For		
21		26				59-2467196			lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, €	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	1			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Z(p)	Country 25	Zip 29	30	untry		8. This corporation has liability for Florida Statutes	intangible ta No	ax under s	199.032,	
57	g, Name and Address of Curre		,	T		10. Name and Address of New F	Registered	Agent		
				81	Name					
BENSE, KAREN 24 NORTH ORLANDO AVENUE				82	82 Street Address (P.O. Box Number is Not Acceptable)					
	A BEACH FL 32931				A 16 AS 1					
				84	Слу			85 Zrp	Code	
						ration submits this statement for the pu	FL	.		
SIGNATURE	agratike, typed or printed manie of regularity. Lage			ed Agior		ration submits this statement for the pured of directors. Thereby accept the apparent that is a submit of the apparent to the pured of the apparent to the pured of the pured to the pured	CATE			
12. TI'LE	P\$	DELET		TITLE		7,001,101,007,41,01,007,10		Change	Addit:on	
NAME	BENSE, KAREN	_	12	NAME						
STREET ADDRESS	24 N. ORLANDO AVE		13	STREFT	ADDRESS					
CITY - ST - ZIP	COCOA BEACH FL			CITY - S	ST - ZIP	5000010	2 02	1. F		
TITLE		□ DELE	E 2 1	TITLE	ļ	 500001 0: -07/01/9601:	127 - -11	EANTIGE	Addition	
NAME				NAME		***200.00				
STHEFT ADDRESS					ADDRESS					
CITY - S* - ZIP	4 (41)	[T] DELF		OITY - S 1 TITLE	S1 - Z.P			Change	[T] Addition	
TifLF				NAME				-	_	
NAME STREET ADDRESS					T AUDRESS	6000016 (-07/01/96010	302	<u>L</u> E		
CITY-ST-ZIP			3.4	CiTy - S	ST - ZIF		JZ (U	JE		
TITLE		☐ DEI.F	IE 4	1 TITLE		***************************************		☐ Change	Addition	
NAME			4.2	NAME						
STREET ADDRESS			4.3	STAFE	1 ADDRESS					
CITY - ST - ZIP			4 4	CiTy - :	ST - 7.P					
TITLE		Dece	IE 5	1 TIPLE				☐ Change	nortibbA [
NAME			5.2	MAME						
STREET ADDRESS			5.3	STREE	I ADORESS					
CITY - ST - ZIP				CITY	SF-ZIP			T-10	- Addition	
TITLE	-	□ D£1€	lE 6	1 1111 8				Change	Acdition	
NAME				EMAN S						
STREET ADDRESS			63	STRÉE	FADORESS		OC.	01	co l	

64 CITY-ST-ZIP

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 OZ(5)(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 KAREN BENSE SIGNATURE:

96 40778-4900