FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 FEB 14 PM 1:31
SECRETARY OF STATE

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DOCUMENT # **H16443** **(4)**

1. Corporation Name
PROFESSIONAL TRAVEL ASSOCIATES, INC.

Principal Place of Business
10651 W. ATLANTIC BLVC.
CORAL SPRINGS FL 33071
US

Mailing Address
10651 W. ATLANTIC BLVC.
CORAL SPRINGS FL 33071
US

3. Date Incorporated or Qualified: 08/14/1984
3a. Date of Last Report: 02/20/1995

2. Principal Place of Business
21 1846 NOB HILL RD
22 Suite, Apt #, etc
23 City & State: PLANTATION, FL.
24 Zip: 33322
25 Country: USA

2a. Mailing Address
26 1846 NOB HILL RD
27 Suite, Apt #, etc
28 City & State: PLANTATION, FL.
29 Zip: 33322
30 Country: USA

4. FEI Number: 59-2441641 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHMIDT, CELIA
6020 SW 18TH STREET
PLANTATION FL 33317

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 Celia Schmidt CELIA SCHMIDT DATE 2/9/96

12. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	D	☐ DELETE
NAME	SCHMIDT, MARK	
STREET ADDRESS	6020 SW 18TH STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	P	☐ DELETE
NAME	SCHMIDT, CELIA	
STREET ADDRESS	6020 SW 18TH STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	☐ DELETE
NAME	SCHMIDT, JUSTIN	
STREET ADDRESS	6020 SW 18 ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	☐ DELETE
NAME	SCHMIDT, W. DAVID	
STREET ADDRESS	6020 SW 18 ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	☐ DELETE
NAME	MATTEL, HARVEY	
STREET ADDRESS	6020 SW 18 ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	☐ DELETE
NAME	BLUM, ETHEL	
STREET ADDRESS	DORSET H #312	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	
1 1 TITLE	Secretary	☒ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
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		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

CR2E034 (12/95)

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: X Celia Schmidt CELIA SCHMIDT 2/9/96 954-472-5508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

RECEIVED FEB 19 1996