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Feb 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H16443

(4)

1. Corporation Name  
PROFESSIONAL TRAVEL ASSOCIATES, INC.

Principal Place of Business

1846 NOB HILL RD  
PLANTATION FL 33322  
US

Mailing Address

1846 NOB HILL RD  
PLANTATION FL 33322-6548  
US

3. Date Incorporated or Qualified  
08/14/1984

3a. Date of Last Report  
02/14/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE  
NAME SCHMIDT, MARK  
STREET ADDRESS 6020 SW 18TH STREET  
CITY-ST-ZIP PLANTATION FL 33317

TITLE P ☐ DELETE  
NAME SCHMIDT, CELIA  
STREET ADDRESS 6020 SW 18TH STREET  
CITY-ST-ZIP PLANTATION FL 33317

TITLE D ☐ DELETE  
NAME SCHMIDT, JUSTIN  
STREET ADDRESS 6020 SW 18 ST.  
CITY-ST-ZIP PLANTATION FL 33317

TITLE D ☒ DELETE  
NAME SCHMIDT, W. DAVID  
STREET ADDRESS 6020 SW 18 ST.  
CITY-ST-ZIP PLANTATION FL 33317

TITLE D ☐ DELETE  
NAME MATTEL, HARVEY  
STREET ADDRESS 6020 SW 18 ST.  
CITY-ST-ZIP PLANTATION FL 33317

TITLE D ☐ DELETE  
NAME BLUM, ETHEL  
STREET ADDRESS DORSET H #312  
CITY-ST-ZIP BOCA RATON FL 33317

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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

14. I do 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.

SIGNATURE: Celia Schmidt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/97 954.472.5508  
Date Daytime Phone #

CR2E034 (9/96)