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

1. Corporation	MENT # H17350 SE CREEK TRAVEL, INC.	0 (0)			
Principal Place of Business Mairing Address) 1001011 (101 11011 11007 11101 0 11)	I 88)1 81071 81811 81811 81811 81811 81811 7881	
3820 D-1 NOVA ROAD PORT ORANGE FL 32127		3820 D-1 MOVA ROAD PORT ORANGE FL 32127			
				3. Date incorporated or Qualified 08/20/1984	3a. Date of Last Report 05/01/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2440654	Not Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zφ	Country	This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
24	9. Name and Address of Current	29 Registered Agent	30	10. Name and Address of New F	
	g. Hame did Address of Contract	. Hogisto, da rigotti	81 Name		
WILSBACH, KATHLEEN A.			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
3820 D-	1 NOVA ROAD				
PORT 0	RANGE FL 32127		83		
			84 City		FL 85 Zip Code
SIGNATURE	h, and accept the obligations of, Scoto Signal restyred or private has a color residue logical OFFICERS AND	edinoray@ak. †) DRECTORS	akti's Fospolandik profisijisalina regor 13.	ADDITIONS/CHANGES TO OFF	
TITLE	PS	DELETE	1 1111.8		Change Addition
NAME	WILSBACH, KATHLEEN A. 2581 TAXIWAY ECHO		1.2 NAME 1.3 STELET ADDRESS		
STREET ADDRESS CITY - ST - ZIP	DAYTONA BEACH FL 32124		1.4 CITY - ST-ZIF		
TITLE	VT	[] DELFTE	2 1 Title.F		Change Addition
NAME	WILSBACH, RONALD K.		2.2 NAUE		
STREET ADDRESS	2581 TAXIWAY ECHO		2.3 STEET ADDRESS		
CITY-ST ZIP	DAYTONA BEACH FL 32124	DELETE	2.4 O(T 1-ST-7/P) 3.1 T(1) E		Change Addition
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STREET ADDRESS			3.3 STHEET ADDRESS		
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NAME			4 2 NA /E		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY - ST - ZIP		☐ DELETE	4 4 CH (- ST- ZIP 5 1 Tr. E		Change Addition
NAME			5.2 NA-46		
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY-ST-ZIP			54 CITY ST ZIP		
TITLE		☐ DELETE	. 6 1 TI LE		☐ Change ☐ Addition
			—		
NAME			6.2 NAME		
			6.2 NAME 6.3 STHEET ADDRESS 6.4 QCYHSTHZIP		

SIGNATURE: Kathleen a, Wilsback Resident

4/24/96 904-756-3230