

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H29734

(1)

1. Corporation Name

FCL TRAVEL SERVICES, INC.

Principal Place of Business

% TRAVEL PLUS
3345 N FEDERAL HWY
FORT LAUDERDALE FL 33306

Mailing Address

% TRAVEL PLUS
3345 N FEDERAL HWY
FORT LAUDERDALE FL 33306



3. Date Incorporated or Qualified
11/14/1984

3a. Date of Last Report
01/25/1995

4. FEI Number
59-2456875

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORMAN, ROBERT S.
800 EAST BROWARD BOULEVARD
SUITE 408, CUMBERLAND BLDG.
FORT LAUDERDALE FL 33301

81

Name

FORMAN, ROBERT S.

82

Street Address (P.O. Box Number is Not Acceptable)

2101 W. COMMERCIAL BLVD.

83

Suite, Apt. #, etc.

SUITE 4100

84

City

FORT LAUDERDALE

FL

85

Zip Code

33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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 not filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME OBERMAN, CHARLENE
STREET ADDRESS 17562 TIFFANY TRACE DR.
CITY - ST - ZIP BOCA RATON FL

TITLE ST ☐ DELETE
NAME HAINES, LORETTA
STREET ADDRESS 1170 HILLSBORO MILE 303
CITY - ST - ZIP HILLSBORO BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

EXEC. VICE PRES. + ST ☐ Change ☒ Addition

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:

Loretta Haines LORETTA HAINES

1/31/96

3055635883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Official Phone #

CR2E034 (12/95)