## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

CORPORATION ANNUAL REPORT

1997

AKRA TRAVEL, INC.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H43357

(3)

## **FILED** May 13 1997 8:00am Secretary of State

- 111 8   4   131   132   133   134   135	

225 WATER ST #900 225 WATER ST #900		% JOHN R. CRAWFORD		—				
		- <b></b>		3. Date Incorporated or Qualific 02/19/1985				
2. Principa: 21	Place of Business	2a. Mailing Address 26			4. FEI Number 59-2498692			pplied For lot Applicable
Suite, Ap	t #, etc.	Suite, Apt. #, etc.			5, Certificate of Status Desired			Additional lequired
City & Sta 23	ale	City & State			Election Campaign Financing     Trust Fund Contribution	9 🗆		May Be to Fees
Z:p	Country 25	Zip <b>29</b>	Count	ry	8. This corporation has liability Florida Statutes	☐ Yes	□ No	s. 199.032,
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New	Registered	Agent	
ÇR/	AWFORD, JOHN R.		8	1 Name				
225	WATER ST #900		8	2 Street Add	dress (P.O. Box Number is Not Accept	ptable)		. ,
JAC	CKSONVILLE FL 32202		8	3				
			8	4 City		FL	<b>85</b> Zip	Code
agent I S:GNATURE	Signarice typed or printed name of registered a OFFICERS A				uired when reinstaling)  ADDITIONS/CHANGES TO O	DATE		
PILE	TCEO	DELETE	1.1 TITLE	:			Change	☐ Addition
NAM!	AKRA, VINCENT D.	•	1.2 NAM	.				
STREET ADORESS	3216 HENDRICKS AVE		1.3.\$TRE	ET ADDRESS				
COLY - ST- ZIP	JACKSONVILLE FL		1.4 CITY	1				ì
701.5	PD	DELETE	2 1 TITLE				Change	Addition
NAM/	GRYMES, WARREN M. JR		2 2 NAM	E				
STREET ADDRESS	3216 HENDRICKS AVENUE		23 STRE	ET ADDRESS				
CPY-S!-ZP	JACKSONVILLE FL		2 4 CiTy	-ST-ZIP				
lilif	SD	DELETE	3.1 TITLE				Change	Addition
NAME	AKRA, MARIA		3.2 NAM	ŧ				
STREET ADDRESS	3216 HENDRICKS AVE.		3.3 STRE	ET ADDRESS				
CHY-SI-Z-P	JACKSONVILLE FL		3.4. CITY	-ST-ZIP				
TILF		☐ DELETE	4.1 Trile			,	Change	Addition
NAME			4, 2 NAN	ie				
STREET ADURES	5		4.3 STRE	ET ADDRESS				
CHY ST-ZIF			4.4 CITY	-\$T-ZIP				
TileF		DELETE	5.1 TITLE				Change	Ad
NAME			5.2 NAM	E .	•			
STHIL' ACCRESS	s		5.3 STRE	et address			•	1
C(EY - S" - 7)P			5.4 CITY	-ST-ZIP				
1011.6		DELETE	6.1 THLE				Change	
NAME			6.2 NAM	E				1
STREET ADDRESS	s [		6.3 STRE	ET ADDRESS				,
City 61 205			CA DITU	CT 74D				i

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 out I am an officer or director of the composition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director appears in Block 12 or Flock

SIGNATURE: