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

DOCUMENT # **H54738** **(0)**

1. Corporation Name

BAY POINTE TRAVEL SERVICES, INC.

Principal Place of Business
5265 34TH ST. SOUTH
ST. PETERSBURG FL 33711-1517

Mailing Address
5265 34TH ST. SOUTH
ST. PETERSBURG FL 33711-1517

3. Date Incorporated or Qualified: **05/01/1985**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2529084** ☐ 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. Does corporation have 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 County 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 County 30

9. Name and Address of Current Registered Agent

MILLER, MELBA
4636 16TH AVENUE N
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name: SUSAN BURKET MILLER
82 Street Address (P.O. Box Number is Not Acceptable): 4065 49th Ave. South
83
84 City: ST PETERSBUIG FL 85 Zip Code: 33711

11. Pursuant to the provisions of Sections 607.0505 and 617.0505, 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. The corporation is qualified to do business in Florida. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Susan Burket Miller DATE: 3/31/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 TITLE: PD	☒ Change ☐ Addition
NAME	MILLER, ROY S.		2 NAME: ROY S. MILLER	
STREET ADDRESS	4636 16TH AVENUE N.		3 STREET ADDRESS: 4065 49th Ave S	
CITY-ST-ZIP	ST. PETERSBURG FL		4 CITY-ST-ZIP: ST PETERSBUIG FL 33711	
TITLE	V	☐ DELETE	5 TITLE: V	☒ Change ☐ Addition
NAME	BURKET, SUSAN J.		6 NAME: SUSAN BURKET MILLER	
STREET ADDRESS	965 46TH AVENUE N		7 STREET ADDRESS: 4065 49th Ave S	
CITY-ST-ZIP	ST. PETERSBURG FL		8 CITY-ST-ZIP: ST PETERSBUIG FL 33711	
TITLE	ST	☐ DELETE	9 TITLE:	☐ Change ☐ Addition
NAME	MILLER, MELBA		10 NAME:	
STREET ADDRESS	4636 16TH AVENUE N		11 STREET ADDRESS:	
CITY-ST-ZIP	ST. PETERSBURG FL		12 CITY-ST-ZIP:	
TITLE		☐ DELETE	13 TITLE:	☐ Change ☐ Addition
NAME			14 NAME:	
STREET ADDRESS			15 STREET ADDRESS:	
CITY-ST-ZIP			16 CITY-ST-ZIP:	
TITLE		☐ DELETE	17 TITLE:	☐ Change ☐ Addition
NAME			18 NAME:	
STREET ADDRESS			19 STREET ADDRESS:	
CITY-ST-ZIP			20 CITY-ST-ZIP:	
TITLE		☐ DELETE	21 TITLE:	☐ Change ☐ Addition
NAME			22 NAME:	
STREET ADDRESS			23 STREET ADDRESS:	
CITY-ST-ZIP			24 CITY-ST-ZIP:	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, complete and accurate, and that I am executing this report in compliance with Section 607.0505(3), Florida Statutes. I further certify that the information indicated on this 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 above or on an attachment with an entry in Block 13.

SIGNATURE: Susan Burket Miller Susan Burket Miller 3/31/96 (813) 866-3161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER