

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H61029

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: SPORTSMAN'S TRAVEL, INC.

## Current Principal Place of Business:

1903 ATLANTIC ST  
213 MARG  
MELBOURNE BEACH, FL 32951 US

## Current Mailing Address:

1903 ATLANTIC ST  
213 MARG  
MELBOURNE BEACH, FL 32951 US

## New Principal Place of Business:

1903 ATLANTIC ST  
213  
MELBOURNE BEACH, FL 32951 US

## New Mailing Address:

20201 EAST COUNTRY CLUB DRIVE  
2504  
AVENTURA, FL 33180 US

FEI Number: 59-2814854      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KORNIK, GARY  
19801 NE 29TH AVE.  
100  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: MARGOLIS, ARLENE,  
Address: 1903 ATLANTIC ST., #213  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: PD ( ) Delete  
Name: MARGOLIS, HERBERT B.,  
Address: 1903 ATLANTIC STREET #213  
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VD ( ) Delete  
Name: MARGOLIS, MICHAEL C.,  
Address: 2639 N.E. 26TH CT.  
City-St-Zip: FT. LAUDERDALE, FL

Title: SD ( ) Delete  
Name: MARGOLIS, ARLENE,  
Address: 1903 ATLANTIC STREET #213  
City-St-Zip: MELBOURNE BEACH, FL 32951

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLENE MARGOLIS

TD

01/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date