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

Mailing Address

PO ROY 930

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H74038

Corporation Name

Principal Place of Business

0.0 POV 930

ERV TRAVEL COMPANY, INC.

132 W. BELT LINE RD. SUITE 1 132 W. BELT LINE RD. SUITE 1 DO NOT WRITE IN THIS	SPACE
CEDAR HILL TX 75106 US CEDAR HILL TX 75106 US CEDAR HILL TX 75106 US 3. Date Incorporated or Qualified	
08/29/1985	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 59-2591687	Not Applicab
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	
City & State City & State 6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	⊟Yes ⊟No
24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered	
5. Name and Address of Current Registered Agent 81 Name	
FELDMAN, STEPHEN L.	
8080 PASADENA BLVD. 82 Street Address (P.O. Box Number is Not Acceptable)	
PEMBROKE PINES FL 33024 83	
84 City	85 Zip Code
44 December 45 agricings of Sections 607 0502 and 607 1509. Florida Statutes the above named composition 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 appoil agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ntment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AN	
TITLE D DELETE 1.1 TITLE	Change Addi
NAME FELDMAN, STEPHEN L. 1.2 NAME	
STREET ADDRESS 8080 PASADGNA BLVD 1.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 14 CITY-ST-ZIP	
TITLE P DELETE 2.1 TITLE	☐ Change ☐ Addi
NAME BROSIUS, MURRAY, JR. 22 NAME	
STREET ADDRESS 8080 PASADGNA BLVD 2.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	☐ Change ☐ Addi
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	•
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE	☐ Change ☐ Add
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
City-St-ZIP 4.4 City-St-ZIP	
TITLE DELETE 51 TITLE	☐ Change ☐ Add
NAME 5.2 NAME	
1 F F T T T T T T T T T T T T T T T T T	
STREET ADDRESS 5.3 STREET ADDRESS	
STREET AUDITIONS	
STREET ADDRESS	☐ Change ☐ Addi
CITY-ST-ZIP 5.4 CITY-ST-ZIP	☐ Change ☐ Add

14. I 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 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, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE

MEMORY TO BELLE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER PRODIRECTOR

14/99 -972 291 089

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90161 008 ***150.00

R2E034 (11/98)