SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/90: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H75385

(5)

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FILED Oct 15 1998 8:00am Secretary of State

Principal Plac	COUNT TRAVEL SHOPPE, IN e of Business DALE MABRY HIGHWAY	Mailing Address RD 1, BOX 19			
TAMPA FL 33618		GLENROCK PA 17327 US		DO NOT WRITE IN THIS S PACE	
				3. Date Incorporated or Qualified 09/06/1985	
2. Principal P	lace of Business	2a. Mailing Address	1. 11.1. 0.	4. FEI Number	Applied For
21		28. Mailing Address Wiltshire RD		59-2574307	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stal	e	City & State	PA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zíp Zíp	Country	8. This corporation owes or has paid the c	
i)	25	29 17403	30 USA	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Current			10. Name and Address of New Registere	d Agent
CRAMER, HABER, MCDONALD & LEVINE, P.A. 1311 N. CHURCH AVENUE TAMPA FL 33607-2495		NE, P.A.	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
			84 City		85 Zip Code
11. Pursuani office or agent. I	to the provisions of sections 607.0502 regi ste red agent, or both, in the State of am familiar with, and accept the obligat	end 607.1508, Florida Stetut M Florida. Such change was ions of, section 607.0505, Fl	es, the above-named corpor authorized by the corporation orlda Statutes.	ration submits this statement for the purpose of on's board of directors. I hereby accept the app	changing its registered polintment as registered
SIGNATURE	Programs from a column and a contract of c	and title 8 medicable (4)	OTE: Boolstweet Apont signature son.	DATE	
	Signature, typed or printed name of registered agont a	- · · · · · · · · · · · · · · · · · · ·	OTE: Registered Agent signature requ	ADDITIONS/CHANGES TO DEFICERS	AND DIRECTORS IN 12
2.	Signature, typed or printed name of registered agont a OFFICERS AND	DIRECTORS	1 43	ADDITIONS/CHANGES TO DEFICERS	AND DIRECTORS IN 12
2 . TL E	OFFICERS AND	- · · · · · · · · · · · · · · · · · · ·	1 43	ADDITIONS/CHANGES TO DEFICERS	AND DIRECTORS IN 12
Z. TLE	P STOKES, MICHELE E RO1 BOX 19, 19 ROSER ROAD	DIRECTORS	1 43	ADDITIONS/CHANGES TO DEFICERS	AND DIRECTORS IN 12
2. TLE AME REET ADDRESS	P STOKES, MICHELE E	DIRECTORS	1 43	ADDITIONS/CHANGES TO DEFICERS	AND DIRECTORS IN 12
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