FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 PM 12:01

DOCUMENT # **H76763** **(2)**

1. Corporation Name
CLASSIC WORLD TRAVEL INC.

Principal Place of Business	Mailing Address
5250 17TH STREET SUITE 9 SARASOTA FL 34235 US	5250 17TH STREET SUITE 9 SARASOTA FL 34235 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1985
3a. Date of Last Report: 10/11/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2584306 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REEDER, SALLY A 4545 BROOKSDALE DR SARASOTA FL 34232	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Sally A Reeder — Sally A Reeder — May 10, 1995
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when new/changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MULIER, ROGER V	12 NAME	
STREET ADDRESS	18 LANDLUBBER LAN	13 STREET ADDRESS	
CITY ST ZIP	OSPREY FL	14 CITY ST ZIP	
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	MULIER, MARY C.	22 NAME	
STREET ADDRESS	18 LANDLUBBER LN	23 STREET ADDRESS	
CITY ST ZIP	OSPREY FL	24 CITY ST ZIP	
TITLE	DP	31 TITLE	☒ Change ☐ Addition
NAME	REEDER, SALLY A.	32 NAME	
STREET ADDRESS	5323 MYRTLEWOOD	33 STREET ADDRESS	4545 Brooksdale Dr. Sarasota Fl. 34232
CITY ST ZIP	SARASOTA FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KRENSKY, MAURICE	42 NAME	
STREET ADDRESS	4172 LYNDHURST COURT	43 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HEIDER, FRANK	52 NAME	
STREET ADDRESS	1306 SO. LAKESHORE DR.	53 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Sally A Reeder — Sally A Reeder — May 10, 1995 — 813 377 4088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

034H03 CP