

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H90101

(7)

1. Corporation Name

LONGBOAT KEY TRAVEL, INC.



Principal Place of Business

4030 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

Mailing Address

4030 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

2. Principal Place of Business

2a. Mailing Address

21	26
State, Apt. #, etc.	State, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
County	County

9. Name and Address of Current Registered Agent

REGEN, EZRA J.
2063 MAIN ST.
SARASOTA FL

3. Date Incorporated or Qualified
12/12/1985

3a. Date of Last Report
04/28/1995

4. FIC Number
59-2628253

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 607.0102 and 607.1509, 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 607.0105, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	ST	RECHT, DOLORES	☐ DELETE
NAME		2063 MAIN ST.	
STREET ADDRESS		SARASOTA FL	
CITY-STATE-ZIP			
TITLE	P	RECHT, ALAN S.	☐ DELETE
NAME		1821 RESTFUL DRIVE	
STREET ADDRESS		BRADENTON FL	
CITY-STATE-ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	
18 TITLE	☐ Change ☐ Addition
19 NAME	
20 STREET ADDRESS	
21 CITY-STATE-ZIP	
22 TITLE	☐ Change ☐ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY-STATE-ZIP	
26 TITLE	☐ Change ☐ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE-ZIP	
30 TITLE	☐ Change ☐ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY-STATE-ZIP	
34 TITLE	☐ Change ☐ Addition
35 NAME	
36 STREET ADDRESS	
37 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption states in Section 119.04(3)(a), 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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 April 1996 941-383-3741

CR2E034 (12/95)