

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # J74117 (9)**

1. Corporation Name

**ROYAL BLUE TRAVEL, INC.**



Principal Place of Business

**3300 UNIVERSITY DRIVE, STORE 10  
CORAL SPRINGS FL 33065**

Mailing Address

**3300 UNIVERSITY DRIVE, STORE 10  
CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified  
**05/21/1987**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2200 W. Commercial Blvd**

26 **2200 W. Commercial Blvd**

4. FEI Number

**59-2812008**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 309**

27 **309**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **Ft. Laud, FL**

28 **Ft. Laud, Fla.**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33309**

25 **USA**

29 **33309**

30 **USA**

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

**SANFILIPPO, PHILIP J.  
2872 NW 28TH ST.  
BOCA RATON FL 33434**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PSD  
SAN FILIPPO, PHILIP J.  
2872 NW 28TH ST.  
BOCA RATON FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VTD  
HUMMEL, JAMES H.  
8675 SW 57TH PLACE  
COOPER CITY FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1. 1 TITLE  
2. 1 NAME  
3. 1 STREET ADDRESS  
4. 1 CITY - ST - ZIP

2. 1 TITLE  
2. 2 NAME  
2. 3 STREET ADDRESS  
2. 4 CITY - ST - ZIP

3. 1 TITLE  
3. 2 NAME  
3. 3 STREET ADDRESS  
3. 4 CITY - ST - ZIP

4. 1 TITLE  
4. 2 NAME  
4. 3 STREET ADDRESS  
4. 4 CITY - ST - ZIP

5. 1 TITLE  
5. 2 NAME  
5. 3 STREET ADDRESS  
5. 4 CITY - ST - ZIP

6. 1 TITLE  
6. 2 NAME  
6. 3 STREET ADDRESS  
6. 4 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)(k), 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:

*Philip J. Sanfilippo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)