

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

FILED  
Feb 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J74117** (9)  
1. Corporation Name  
**ROYAL BLUE TRAVEL, INC.**



Principal Place of Business <b>2200 W. COMMERCIAL BLVD. 309 FT. LAUDERDALE FL 33309 US</b>	Mailing Address <b>2200 W. COMMERCIAL BLVD. 309 FT. LAUDERDALE FL 33309 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/21/1987</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2812008</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SANFILIPPO, PHILIP J. 2872 NW 28TH ST. BOCA RATON FL 33434</b>		10. Name and Address of New Registered Agent	
81 Name		<b>BRENKUS, Sharlene</b>	
82 Street Address (P.O. Box Number is Not Acceptable)			
83		<b>3749 Oakridge Lane</b>	
84 City		<b>FL</b>	85 Zip Code <b>33331</b>

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 *Sharlene Brenkus* **Sharlene Brenkus, Secretary** February 5, 1998.  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input checked="" type="checkbox"/> DELETE	11 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAN FILIPPO, PHILIP J.</b>	12 NAME	<b>CAROE, LAURENCE C.</b>
STREET ADDRESS	<b>2872 NW 28TH ST.</b>	13 STREET ADDRESS	<b>2085 Hurontario Street, Suite 200,</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	14 CITY-ST-ZIP	<b>Mississauga, Ontario, Canada, L5A 4G1.</b>
TITLE	VTD <input checked="" type="checkbox"/> DELETE	21 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUMMEL, JAMES H.</b>	22 NAME	<b>BRENKUS, SHARLENE</b>
STREET ADDRESS	<b>8875 SW 57TH PLACE</b>	23 STREET ADDRESS	<b>3749 Oakridge Lane,</b>
CITY-ST-ZIP	<b>COOPER CITY FL</b>	24 CITY-ST-ZIP	<b>Weston, Florida, 33331.</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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.

SIGNATURE *Laurence C. Caroe* **LAURENCE C. CAROE, February 5, 1998** (954) 714-9994

CR2E034 (10/97)