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

PROFIT
CORPORATION
ANNUAL REPORT

1997

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME: STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J85814

(8)

COAST TO COAST TRAVEL, INC.

FILED										
May 02 1997 8:00am										
Secretary of State										

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Principal Place of Business Mailing Address														
7690 49TH ST N. PINELLAS PARK FL 34665 US			7690 49TH STRE	7690 49TH STREET PINELLAS PARK FL 33781-3438										
								3. Date Incorporated or Qualified 08/05/1987 3a. Date of Last Rep 05/01/1996						
2. Principal I	Place of Busi	ness	2a. Mailing Add	2a. Mailing Address				4. FEI Number Applied For						
21			26					59-2834676 Not Applica						
Sulte, Apt	. #, etc.		Suite, Apt.	Suite, Apt. #, etc.					5. Certificate of Status Desired See Required Fee Required					
City & Sta	te		City & State	City & State				6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees						
Zip 24		Country 25	Zip 29	├── ┐				8. This corporation has liability for intan- f lorida Statutes			ingible tax under s. 199.032, 'es			
	9. Name and Address of Current Registered Agent						· · · · · · · · · · · · · · · · · · ·	',	10. Name and Address of New R	Agent				
SCHANZER, DAVID					81	1	Namo							
2798 COTTONWOOD COURT					82	2	Street A	reet Address (P.O. Box Number is Not Acceptable)						
CLEARWATER FL 34621					83	-								
					°`	1								
						4	City	FL 85 Zip Code						
11. Pursuan office or agent. I	t to the provis registered a am fa miliar w	sions of Sections 60 gent, or both, in the vith, and accept the	7.0502 and 607.1508, Flo State of Florida Such cha obligations of, Section 60	rida Statutes ange was aul 7.0505, Florid	, the abo lhorized b da Statute	by es	riamed the corp	corpora poration	ation submits this statement for the 's board of directors. I hereby acce	purpose o	changing i ointment as	its registered registered		
SIGNATURE	Signature, type	d or printed name of rug-sto	ned agent and title if applicable	a arce)	Hogistored A	ger	nt signature	requirea v	when roinstating)	JIAG				
12. OFFICERS AND DIRECTORS					13.	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 12		
TITLE	PD	PD DELFTE				1.1 TOLE					Change	Addition		
NAME:	SCHANZER, DAVID					1.2 NAME								
STREET ADDRESS						1.3 STREET ADDRESS								
CITY-ST-ZIP	CLEARWATER FL 34621				1,4 COY-	1.4 COY-ST-7/P								
TITLE :	SD ZZ DELETE				2 1 10 LE				SD		Change	X Addition		
NAME						22 NAME J J			impie, Nanci					
STREET ADDRESS		TTONWOOD COL	JRT		23 STRE	ET /	ADDRESS		00 20th Street 1					
CITY-ST-ZIP	CLEARW	ATER FL 34621			2 4 CHY	/- S	i1 - 7JP	St	Petersburg, FL	337				
TITLE				DELETE	3 1 1111.E		ļ	[- ·		☐ Change	Addition		
NAME .					3,2 NAME	É								
OTDEET ADDOCCO	.]				9 2 6 100	(1)	ADDRESS	1						

64 CITY-ST-ZIP

14. I do 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 changed, or open attachment with an address.

3.4 GITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CHY-ST-ZIF

4.1 TILE

4 2 NAME

51 TITLE 52 NAME

6.1 TITLE G.2 NAME

DELETE

DELETE

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MATURE CHILL IN THE STATE OF TH

72 ARA 97

RB SKW39

Change

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