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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

	1997	100	EEE.	DIVISION OF (CORPORAT	rio	NS							
DOCUMENT # KO1821 (3) 1. Corporation Name ACCENT TRAVEL ON THE TREASURE COAST, INC.									()20(6)()					
Principal Plac 2446 SE FEDE STUART FL 36	RAL HWY	S	2446	Mailing Address 2446 SE FEDERAL HWY STUART FL 34994-4591										
)								}	3. Date incorpo	orated or Qualified		ate of Last F 23/1996	Report]
2. Principal Place of Business			2a. A	2a. Mailing Address				4. FEI Number				pplied For	1	
Suite, Apt.	# nt/:		26	uite, Apt. #, etc.					65-00143	307			ol Applicable	┨
22)	. #, etc		27	uite, Apt. #, etc.					5. Certificate of	Status Desired			Additional equired	
Orty & Stal	le			City & State			······································		6. Election Can Trust Fund C	npaign Financing			May Be to Fees	1
Ζφ		Country		ip	Coun	try				tion has liability for i	ntangible	tax under s	s. 199.032,	
24		25 and Address of Curre	29		30				Florida Statu		Yes [4
COL	WAN, DANI		nt Hegiste	red Agent		31	Name	·	TV. Name and A	ddress of New Re	gistered	Agent		1
	1 SE ST. L				L			4-1-2	- /0.0 D- N	L - a : - b - a - a - t - b	1-1			1
	JART FL 34					32	Street	Addres	s (P.O. Box Num	ber is Not Acceptab	ile)			
					[8	33]
İ					ļī.	34	City		~ ~~~ ~~~~			85 Zip	Code	-
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office or	to the provis	ions of Sections 607.05 ent, or both, in the Stat th, and accept the oblig	02 and 607 e of Florida	.1508, Florida Statu Such change was	tes, the abo authorized	by	-named the corp	corpora poration	ation submits this i's board of direc	s statement for the paters. I hereby accep	orpose of the app	r changing ointnient as	its registered s registered	1
	am lamiliar wi	th, and accept the oblig	gations of,	Section 607.0505, Fi	iorida Statu	tes.								}
SIGNATURE	Signature, typed	or proted name of registered aç	ont and title if i	applicable (NO	TE: Aegistered	Ager	nl signature	required	when reinstating)		DATE			}
12.	P	OFFICERS AN	ND DIRECT	·	13.				ADDITIONS/C	HANGES TO OFFIC	ERS AND]8
TIFLE	} *	DANIEL A.		DELETE	1.1 TITL		İ	V	0.7 1.17	ADVIA 1		[Change	Addition	9
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TITLE				DELETE	2.1 TITL						······································	Change	Addition	12
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NAME)			petrit	6.2 NAA		j	ĺ				Sikinge	Figoritor)	1
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STREET ADDRESS					1		ADDRESS]						

14. If 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 eath; 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 chapted, or on an attachment with an address.

A. Could A.

SIGNATURE.

SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

17197-561-287-8368

FILED

Apr 24 1997 8:00am

Secretary of State

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