

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 06 1996 8:00 am
Secretary of State

DOCUMENT # K16701

(0)

1. Corporation Name

BEST OF TIMES TRAVEL, INC.

Principal Place of Business

4705 NO. CONGRESS AVE.
BOYNTON BCH. FL 33462

Mailing Address

4705 NO. CONGRESS AVE.
BOYNTON BCH. FL 33462



2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/02/1988

3a. Date of Last Report

03/07/1995

4. FEI Number

65-0037089

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

KAMEL, MAKRAM E.
10273 ST ANDREWS RD.
BOYNTON BCH. FL 33435

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 607.0503, 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 of person submitting this statement to the Secretary

Signature of Registered Agent (if different from above)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME
KIRBY, RORY
1703 WILTSHIRE VILL DR
W PALM BCH. FL

1.2 TITLE

NAME
VP
KAMEL, MAKRAM E.
10273 ST ANDREWS RD
BOYNTON BCH. FL

1.3 TITLE

NAME
~~SORIAL, REDA~~
2560 NW 40 ST.
BOCA RATON FL

1.4 TITLE

NAME
~~SORIAL, REDA~~
2560 NW 40 ST.
BOCA RATON FL

1.5 TITLE

NAME
~~SORIAL, REDA~~
2560 NW 40 ST.
BOCA RATON FL

1.6 TITLE

NAME
~~SORIAL, REDA~~
2560 NW 40 ST.
BOCA RATON FL

1.7 TITLE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

2.5 TITLE

2.6 NAME

2.7 STREET ADDRESS

2.8 CITY-STATE-ZIP

2.9 TITLE

2.10 NAME

2.11 STREET ADDRESS

2.12 CITY-STATE-ZIP

2.13 TITLE

2.14 NAME

2.15 STREET ADDRESS

2.16 CITY-STATE-ZIP

2.17 TITLE

2.18 NAME

2.19 STREET ADDRESS

2.20 CITY-STATE-ZIP

2.21 TITLE

2.22 NAME

2.23 STREET ADDRESS

2.24 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 stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

Day of Filing

CR2E034 (12/95)