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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:23

DOCUMENT # **K20921** **(8)**

1. Corporation Name
**MAGELLAN TRAVEL LTD., INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 361 SOUTH COUNTY ROAD<br>PALM BCH FL 33480-3998 | 361 SOUTH COUNTY ROAD<br>PALM BCH FL 33480-3998 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/13/1988**
3a. Date of Last Report: **04/04/1994**

2. Principal Place of Business (21): 
2a. Mailing Address (26): 
Suite, Apt. #, etc. (22): 
Suite, Apt. #, etc. (27): 
City & State (23): 
City & State (28): 
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **65-0077993** ☐ 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

**9. Name and Address of Current Registered Agent**

BECK, NANCI
361 S. COUNTY ROAD .
PALM BEACH FL 33480

**10. Name and Address of New Registered Agent**

01 Name: DARLENE A. SEHRES
02 Street Address (P.O. Box Number is Not Acceptable): 361 South County Rd.
03:
04 City: PALM BEACH FL 05 Zip Code: 33480

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: Darlene A. Sehres Treasurer 1-27-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | KIRKBRIDE, NICHOLAS | 12 NAME | |
| STREET ADDRESS | 1801 S. FLAGLER DR PH6 | 13 STREET ADDRESS | |
| CITY ST ZIP | WEST PALM BEACH FL | 14 CITY ST ZIP | |
| TITLE | PD | 21 TITLE | ☒ Change ☐ Addition |
| NAME | KIRKBRIDE, NICHOLAS | 22 NAME | REMOVE |
| STREET ADDRESS | 1801 S. FLAGLER DR. PH6 | 23 STREET ADDRESS | |
| CITY ST ZIP | WEST PALM BEACH FL 33401 | 24 CITY ST ZIP | |
| TITLE | PSTD | 31 TITLE | ☒ Change ☐ Addition |
| NAME | BECK, NANCI | 32 NAME | PRESIDENT |
| STREET ADDRESS | 227 AUSTRALIAN AVENUE, APT. 2A | 33 STREET ADDRESS | WOLFGANG GOETZ |
| CITY ST ZIP | PALM BEACH FL 33480 | 34 CITY ST ZIP | 36 JERMYN STREET<br>LONDON SW1Y 6DN ENGLAND |
| TITLE | D | 41 TITLE | ☒ Change ☐ Addition |
| NAME | TURBEN, JOHN F. | 42 NAME | TREASURER/SECRETARY |
| STREET ADDRESS | 8968 BOOTH ROAD | 43 STREET ADDRESS | DARLENE A. SEHRES |
| CITY ST ZIP | KIRTLAND HILLS OH 44060 | 44 CITY ST ZIP | 21 KNIGHTSBRIDGE LANE<br>BOYNTON BEACH FL 33462 |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 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)(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:** Darlene A. Sehres 1-27-95 407-659-0120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0276390 CP