

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

FILED

**May 11 1998 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # K20921 (8)

1. Corporation Name
EMBASSY TRAVEL LTD., INC.



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

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/13/1988 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0077993 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent DARLENE A SEHRES 361 COUNTY RD PALM BEACH FL 33480 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 | Name |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | 83 | |
| | | | | 84 | City |
| | | | | 85 | Zip Code |

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|---|---------------------------------|---|---|--|
| TITLE | D | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | KIRKBRIDE, NICHOLAS | | 1.2 NAME | | |
| STREET ADDRESS | 1801 S. FLAGLER DR PH6 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WOLFGANG, GOETZ | | 2.2 NAME | GOETZ, WOLFGANG | |
| STREET ADDRESS | BRITISH COLUMBIA HOUSE 1-3 REGENT STREET | | 2.3 STREET ADDRESS | 26 ECCLESTON SQUARE | |
| CITY-ST-ZIP | LONDON SW1Y 4NS SW | | 2.4 CITY-ST-ZIP | LONDON SW1Y 4NS ENGLAND | |
| TITLE | TS | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SEHRES, DARLENE | | 3.2 NAME | | |
| STREET ADDRESS | 21 KNIGHTBRIDGE LANE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOYNTON BEACH FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | 4.2 NAME | P SROKA, NEAL J | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 12 SARATOGA WAY | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | SHORT HILLS NJ 07078 | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | CHAIRMAN O'NEILL, PAUL C | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 26 ECCLESTON SQUARE | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | LONDON SW1Y 4NS ENGLAND | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | D BURROW, JOHN | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | P.O. BOX 4901 MARLBOROUGH ST. N/A | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | NASSAU BAHAMA | |

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.

CR2E034 (10/97)