

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K25072** (5)

1. Corporation Name

BONAVENTURE TRAVEL, INCORPORATED



Principal Place of Business

**9651 HOOD RD.
STE. A
JACKSONVILLE FL 32257
US**

Mailing Address

**9651 HOOD RD.
STE. A
JACKSONVILLE FL 32257
US**

3. Date Incorporated or Qualified

05/31/1988

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WALLACE, ROBERT J.
9651 HOOD RD
STE. A
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

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 607.1508, 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, Sections 607.0505, Florida Statutes.

SIGNATURE

Robert J. Wallace

Signature of Registered Agent (Signature required when filing)

4-13-96

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. 1. TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. 1. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. 1. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. 1. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. 1. TITLE

62 NAME

63 STREET ADDRESS

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)(k), 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:

Robert J. Wallace

Robert J. Wallace

4-13-96

904-268-2201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)