

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K61241

(1)

1. Corporation Name

AZINGER WAY TRAVEL, INC.



Principal Place of Business

5455 FRUITVILLE ROAD  
5961 CATTLEMAN LANE  
SARASOTA FL 34232  
US

Mailing Address

5455 FRUITVILLE ROAD  
5961 CATTLEMAN LANE  
SARASOTA FL 34232  
US

2. Principal Place of Business

2a. Mailing Address

21 5455 FRUITVILLE RD

26 5455 FRUITVILLE RD

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23 SARASOTA FL

28 SARASOTA FL

Zip Country

Zip Country

24 34232

25

29 34232

30

3. Date Incorporated or Qualified  
01/25/1989

3a. Date of Last Report  
07/21/1995

4. FEI Number  
65-0094268

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

10. Name and Address of New Registered Agent

~~COWDEN, KARAN W.~~ MONTROSS, ROBERT W.  
5455 FRUITVILLE RD  
SARASOTA FL 34232

81 Name MONTROSS, ROBERT W.

82 Street Address (P.O. Box Number is Not Acceptable)  
5455 FRUITVILLE RD

83

84 City SARASOTA

FL

85 Zip Code 34232

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 Robert W. Montross  
Signature typed or printed name of registered agent and must apply to all

(If Not Registered Agent Signature Required when Not Changing)

4/30/96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
AZINGER, PAUL W.  
STREET ADDRESS 5455 FRUITVILLE RD  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE  
NAME D  
AZINGER, RALPH  
STREET ADDRESS 5455 FRUITVILLE RD  
CITY-ST-ZIP SARASOTA FL

TITLE ☒ DELETE  
NAME D  
COWDEN, KARAN  
STREET ADDRESS 5455 FRUITVILLE RD  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D MONTROSS, ROBERT W. ☒ Change ☐ Addition  
5455 FRUITVILLE RD  
SARASOTA FL 34232

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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert W. Montross

ROBERT W. MONTROSS

4/30/96

941-378-9872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (12/95)