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CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **K75553** **(3)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:49

1. Corporation Name
CAMP TRAVEL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
% SANDRA A. CAMP 1090 WILSHIRE CIRCLE E PEMBROKE PINES FL 33027	% SANDRA A. CAMP 1090 WILSHIRE CIRCLE E PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/27/1989	3a. Date of Last Report: 02/21/1994
4. FEI Number: 65-0120028	☐ 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	

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

9. Name and Address of Current Registered Agent

CAMP, SANDRA A.
1090 WILSHIRE CIRCLE EAST
PEMBROKE PINES 33027

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, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	CAMP, GERALD W.	12 NAME	
STREET ADDRESS	1090 WILSHIRE CIR E	13 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	CAMP, JASON E	22 NAME	
STREET ADDRESS	1090 WILSHIRE CIR E	23 STREET ADDRESS	
CITY ST ZIP	PEMBROKE PINES FL	24 CITY-ST-ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	CAMP, SANDRA A.	32 NAME	
STREET ADDRESS	1090 WILSHIRE CIR E	33 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
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)(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: Gerald W. Camp Gerald W. Camp 3-27-95 (305)431-5283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01180060 CF