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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANI	1996	ORT		Secre	etary of State F CORPORATIONS				
DOCU 1. Corpora	JMENT tion Name	# K9 06	37	(5)					
EX	TRA TOUR	& TRAVEL, INC.					1 IBBIRIII SIR IRIN ARNA SONA	{Litt 1884 21841 81841 81841	St. 5164 5164
Principal Pla	ace of Business		N	Mailing Address					
719 3RD AVE NEW SMYRNA BEACH FL 32169 US				719 3RD AVE NEW SMYRNA BEACH FL 32169 US			Date Incorporated or Qualified		
2. Principal	Place of Busines	29	20	Mailing Add			05/23/1989		7/1995
		TLANTIC AVE.	26	. Mailing Address 4166 SO. A	ATLANTIC AVE	4. FEI N			Applied For
Suite, Ap	t. #, etc.			Suite, Apt. #, etc.			59-2967628	9.2	Not Applicable 75 Additional
City & State			27	City & State			ficate of Status Desired		ee Required
		ACH, FLA.	28		BEACH, FLA.	6. Elect	ion Campaign Financing Fund Contribution	\$5	.00 May Be
Zip	32169	Country		Zip	Country		corporation has liability for	- Ad	ded to Fees
24		5 USA nd Address of Currer	29	32169	30 USA	Florid	la Statutes 🔲 Yes	No No	18 199.032,
	0, 110/110	ind Address of Colle	ii negis	stered Agent	81 Name	10. Nam	e and Address of New F	Registered Agent	
719	RARO, CYNTH 3RD AVE				82 Street 41	OU DU A	LLANTIC AVENUE	č.	
719 NEW	3RD AVE / Smyrna be	ACH FL 32169 s of Sections 607.0502	and 60 da. Such	7.1508, Florida Statute n change was authorize	83 NE 84 City	W SMYRNA	BEACH, FL 32	169	Zip Code
719 NEW	3RD AVE / SMYRNA BE to the provision: ered agent, or bo vith, and accept	s of Sections 607.0502 oth, in the State of Floric the obligations of, Secti			83 NE 84 City s, the above-named co d by the corporation's i	SMYRNA reporation submits board of directors	BEACH, FL 32 this statement for the pure I hereby accept the appoint	169	Zip Code Is registered office red agent. I am
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certify that the information indicated on this annual report or supplemental annual report groups not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further 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 and report is report as required by Chapter 607, Florida Statutes; and that my name contains the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name contains the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name contains the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name contains the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name contains the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name contains the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name contains the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further oath; the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further oath; the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further oath; the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further oath; the receiver of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further oath; the receiver of the corporation of the receiver of t SIGNATURE: