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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K90637 (5)

1. Corporation Name

EXTRA TOUR & TRAVEL, INC.



Principal Place of Business

Mailing Address

719 3RD AVE
NEW SMYRNA BEACH FL 32169
US

719 3RD AVE
NEW SMYRNA BEACH FL 32169
US

2. Principal Place of Business

2a. Mailing Address

21 4166 SO. ATLANTIC AVE.

26 4166 SO. ATLANTIC AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 NEW SMYRNA BEACH, FLA.

28 NEW SMYRNA BEACH, FLA.

Zip

Country

Zip

Country

24 32169

25 USA

29 32169

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERRARO, CYNTHIA
719 3RD AVE
NEW SMYRNA BEACH FL 32169

81 Name

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

4166 SO. ATLANTIC AVENUE

83

NEW SMYRNA BEACH, FL 32169

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PST

BISHOP, URLIKE

719 THIRD AVE

NEW SMYRNA BCH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP

FERRARO, CYNTHIA

719 THIRD AVE

NEW SMYRNA BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4166 SO. ATLANTIC AVENUE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4166 SO. ATLANTIC AVENUE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Cynthia Ferraro

CYNTHIA FERRARO

04/22/96

(904) 428-1117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)