FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 9:25

DOCUMENT # **L05665** **(9)**

1. Corporation Name
JOE WARNER TRAVEL, INC.

Principal Place of Business	Mailing Address
7 NW 24TH COURT DELRAY BEACH FL 33444	7 NW 24TH COURT DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/31/1989**
3a. Date of Last Report: **04/05/1994**

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

4. FEI Number: **70-6564040** ☐ 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

WARNER, JOSEPH A.
7 NW 24TH COURT
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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	WARNER, JOSEPH A.	12 NAME		
STREET ADDRESS	7 N.W. 24TH COURT	13 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP		
TITLE	DVP	21 TITLE		☐ Change ☐ Addition
NAME	WARNER, ELISABETH L	22 NAME		
STREET ADDRESS	7 N.W. 24TH CT.	23 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP		
TITLE	DIRECTOR	31 TITLE		☐ Change ☐ Addition
NAME	WALTER DEHART	32 NAME		
STREET ADDRESS	6348 HYPOLUXO RD	33 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL. 33463	34 CITY-ST-ZIP		
TITLE	DIR.	41 TITLE		☐ Change ☐ Addition
NAME	ELISABETH M. WARNER	42 NAME		
STREET ADDRESS	7 N.W 24 CT.	43 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL. 33444	44 CITY-ST-ZIP		
TITLE	DIR. V.P.	51 TITLE		☐ Change ☐ Addition
NAME	PRUE N. WARNER	52 NAME		
STREET ADDRESS	7 NW 24 CT.	53 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FLORIDA. 33444	54 CITY-ST-ZIP		
TITLE	DIRECTOR	61 TITLE		☐ Change ☐ Addition
NAME	PHILIP C. WARNER	62 NAME		
STREET ADDRESS	7 NW 24 CT.	63 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL. 33444	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)(i), 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: Joseph A. Warner (JOSEPH A. WARNER) 3/22/95 407-278-1046
SIGNATURE AND TYPED OR PRINTED NAME OF IDENTIFIED OFFICER OR DIRECTOR — Date — Daytime Phone #

0263280 CP