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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

L37768 DOCUMENT #

(3)

BELL TOWER MALL TRAVEL, INC.

Principal Place of Business
C/O LOIS ANN WELCH
138 THE BELL TOWER MAI
FORT MYERS EL 33907

Mailing Address



Suite, Apt. #, etc. Suite, Apr. #, etc. 27 27 27 28 30 30 30 30 30 30 30 3	C/O LOIS ANN WELCH 138 THE BELL TOWER MALL FORT MYERS FL 33907		138 THE BELL TOW	C/O LOIS ANN WELCH 138 THE BELL TOWER MALL FORT MYERS FL 33907			of Last Report 4/11/1995
Substance Subs	····	ace of Business	⊢ ¬ ″	Mailing Address		4. FEI Number	Applied For
12	21		· · · · · · · · · · · · · · · · · · ·			0070 1000003	
28	22		27			5. Certificate of Status Desired	
25	23		Prim 1				
MELCH, LOUIS ANN	Zip 24	25	29	<u> </u>			under s. 199.032,
WELCH, LOUS ANN 138 THE BELL TOWER MALL FORT MYERS FL 33907 88 89 Cry FL 85 Cry FL 8	Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
138 THE BELL TOWER NALL 182 183 18	WEICH	I I OLINO ANNI		81	Name		
Section Sect					Street Addr	ess (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sections COZ 0502 and COZ 1508. Florids Statutos, the above harmed corporation submits this statement for the purpose of changing its registered agent. I am changing the deligible of the corporation's board of directors. I hereby accept the appointment as registered agent. I am changing the deligible of the corporation's board of directors. I hereby accept the appointment as registered agent. I am changing the corporation's board of directors. I hereby accept the appointment as registered agent. I am changing the corporation's board of directors. I hereby accept the appointment as registered agent. I am changing the corporation's board of directors. I hereby accept the appointment as registered agent. I am changing the corporation's board of directors. I hereby accept the appointment as registered agent. I am changing the corporation's board of directors. I hereby accept the appointment as registered agent. I am changing the corporation's board of directors. I hereby accept the appointment as registered agent. I am changing the corporation's board of directors. I hereby accept the appointment as registered agent. I am changing the corporation's board of directors. I hereby accept the appointment as registered agent. I am changing the corporation's board of directors. I hereby accept the appointment as registered agent. I am changing the corporation's board of directors. I hereby accept the appointment as registered agent. I am changing the corporation's board of directors. I hereby accept the appointment as registered agent. I am changing the corporation's board of directors. I hereby accept the appointment as registered agent. I am changing the provision of the corporation and the c	FORT I	MYERS FL 33907		83			· · · · · · · · · · · · · · · · · · ·
Delication Control C					,	FL	
SIGNATURE	or registere	ed agent, or both, in the State of Fioni	ua. Such change was authorz	zea by the corp	named corpor oration's boar	ation submits this statement for the purpose of chan d of directors. Thereby accept the appointment as re	ging its registered office egistered agent. Fam
12.	SIGNATURE	-			t Salmahare restaures	Total resistance	
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CITY-ST-ZIP 64 CITY-ST-ZIF	Į.			6.2 NAME			
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				64001-5	1 - ZIF		

rub increasy certify that the information supplied with this filling 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 suppliemental 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 this 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: Signature AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR S-1-96 941-489-2600