## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

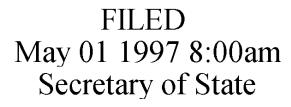
DOCUMENT # L37768

(3)

BELL TOWER MALL TRAVEL, INC.

Principal Place of Business

Mailing Address





C/O LOIS ANN 138 THE BELL FORT MYERS F	TOWER MALL	C/O LOIS ANN WELCH 138 THE BELL TOWER MALL FORT MYERS FL 33907				
				3. Date Incorporated or Qualified 12/21/1989	3a. Date of Last Re 05/01/1996	eport
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21 /34	99 S. CLEVELANDAVI	= 26 /3449 S.C	LEVELANDAN	e 65-0160853		t Applicable
22 <i>FF -c</i>	~75	27 A 245		5. Certificate of Status Desired	□ \$8.75 A Fee Re	
City & State	T MYERS IFL		YERS, PL	Election Campaign Financing Trust Fund Contribution	Added t	
71P 24 3 3	3907 25 USA		Country SA		Yes XINo	199.032,
·	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	jistered Agent	
	CH, LOUIS ANN	A 0 A A 1/A	81 Name	DIS ANN WELL	CH	
		ODRESS CHANG	82 Street Addr	ess (P.O. Box Number is Not Acceptable	le)	2./
FOR	T. MYERS FL 33907		B3 / 3 4	499 S. CLEVELAND		140
			Be	ELL TOWER SA	40 PS	
			84 City	er muses	E1 85 Zip (	Code
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes	the above-named corp	poration submits this statement for the pr	uroose of changing it	s registered
office or r	egistered agent, or both, in the State of im familia) with, and accept the obligation	of Florida. Such change was au	thorized by the corporat	ion's board of directors. I hereby accep	t the appointment as	registered
	Sola Doga U.S.	( I AL ) USA	a dant	4	2007	
SIGNATURE	Signalure, typed or printed name of registered agen	Land title if applicable. (NOTE: I	Registered Agent signature requir	ed when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	IS IN 12
TITLE	PD	DELETE	1.1 TIFLE		Change	Addition
NAME	WELCH, LOIS ANN		1.2 NAME	*		
STREET ADDRESS	11687 POINTE CIRCLE		1.3 STREET ADDRESS			
CITY - S1 - ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP			
THILE	STD	DELETE	2.1 TITLE		L Change	Addition
NAME	WELCH, PATRICK JOSEPH		2.2 NAME			•
STREET ADDRESS .	11687 POINTE CIRCLE		2.3 STREET ADDRESS			
CITY - ST - ZIF	FORT MYERS FL	Crierr	2. 4 CITY - ST - ZIP		T 26	1 1 4 4 2 2 2 -
THE		DELETE	3.1 TITLE		Change	L. Addition
NAME			3.2 NAME			
STREET AUDRESS			3.3 STREET ADDRESS			
C(1Y+S1+Z(F) TITLE		DELETE	3.4. C/TY-ST-Z/P 4.1 TrTLE		Change	Addition
NAME		C DUCKIE	4. 2 NAME	€	L.J Oligingo	
			4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS			4.3 STREET ADDRESS			
City - St - ZiP Title		DELETE	5.1 TITLE		☐ Change	Addition
NAME		<del>_</del>	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - S1 - ZIP			5.4 CITY-ST-ZIP			
Title		DELETE	6.1 TITLE		Change	Coilibba
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
011Y-\$1-71P			64 CITY-ST-ZIP			
		····				<del></del>

I do hereby certily that the information supplied with this filling 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.