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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L37768 (3)

1. Corporation Name
BELL TOWER MALL TRAVEL, INC.



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

Mailing Address
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 Report 05/01/1996

2. Principal Place of Business 21 13499 S. CLEVELAND AVE
Suite, Apt. #, etc. 22 # 245
City & State 23 FORT MYERS, FL
Zip 24 33907 Country 25 USA

2a. Mailing Address 26 13499 S. CLEVELAND AVE
Suite, Apt. #, etc. 27 # 245
City & State 28 FORT MYERS, FL
Zip 29 33907 Country 30 USA

4. FEI Number 65-0160853
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
WELCH, LOUIS ANN
138 THE BELL TOWER MALL (ADDRESS CHANGE)
FORT MYERS FL 33907

10. Name and Address of New Registered Agent
81 Name LOIS ANN WELCH
82 Street Address (P.O. Box Number is Not Acceptable) 13499 S. CLEVELAND AVE, # 245
83 BELL TOWER SHOPS
84 City FORT MYERS FL 85 Zip Code 33907

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 Lois Ann Welch - President DATE 4-24-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	WELCH, LOIS ANN	11687 POINTE CIRCLE	FORT MYERS FL	<input type="checkbox"/>
STD	WELCH, PATRICK JOSEPH	11687 POINTE CIRCLE	FORT MYERS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing 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: Lois Ann Welch DATE 4-24-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)